2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000090222

1. Entity Name
WELCOME HOMECARE SERVICES, INC.

Principal Place of Business	Mailing Address
9570 REGENCY SQUARE BLVD JACKSONVILLE, FL 32225	9570 REGENCY SQUARE BLVD JACKSONVILLE, FL 32225

DO NOT WRITE IN THIS SPACE

04252004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3280098
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARINUCCI, ANTHONY F
9570 REGENCY SQ BLVD
JACKSONVILLE, FL 32225

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DWIGHT CENAC
STREET ADDRESS	9570 REGENCY SQUARE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	STD
NAME	CENAC, CONNIE
STREET ADDRESS	9570 REGENCY SQUARE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	V
NAME	HARCOURT, KATHY S
STREET ADDRESS	9570 REGENCY SQUARE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	BAZIN, DAVID A
STREET ADDRESS	9570 REGENCY SQUARE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	BARKER, DEBORAH
STREET ADDRESS	9570 REGENCY SQUARE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/04-80083-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah Barker 4/26/04 904-725-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DEBORAH BARKER, DIRECTOR