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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000005049 (8)

1. Corporation Name

SUNCOAST HOME HEALTH CARE OF SOUTH FLORIDA INC.

Principal Place of Business

1860 OLD OKEECHOBEE RD.
WEST PALM BEACH FL 33409

Mailing Address

1860 OLD OKEECHOBEE RD
SUITE 509
WEST PALM BCH FL 33409-5242

3. Date Incorporated or Qualified
01/17/1995

3a. Date of Last Report
03/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0439581

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAJOR, PAT
2620 NORTH AUSTRALIAN
WEST PALM BEACH FL 33407

new address!!

81 Name MAJOR, PAT
82 Street Address (P.O. Box Number is Not Acceptable)
1860 OLD OKEECHOBEE ROAD
83 SUITE 509
84 City West Palm Bch FL 85 Zip Code 33401

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MAJOR, PAT
STREET ADDRESS 1077 SUMMERWOOD CIR
CITY-ST-ZIP WEST PALM BCH FL 33409 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP
NAME METOYER, EDWIN
STREET ADDRESS 710 EXECUTIVE DR
CITY-ST-ZIP WEST PALM BCH FL 33407 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP
NAME TONOKA TOYE
STREET ADDRESS 13560 NW 5TH CT
CITY-ST-ZIP PLANTATION FL 33325 ☒ DELETE *omit*

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME MARJOT MAJOR MARJOT
STREET ADDRESS 4551 NW 27TH ST
CITY-ST-ZIP LAUDERHILL FL 33313 ☐ DELETE

4.1 TITLE MARJOT MAJOR ☒ Change ☐ Addition
4.2 NAME 4551 NW 27th Street
4.3 STREET ADDRESS Lauderhill Florida 33313
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Pat Major
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.97 (561) 6895223
Date Daytime Phone #

0302087

CR2E034 (9/96)