**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P95000019913 (9)**

1. Corporation Name

**HOMECARE SERVICES OF JACKSONVILLE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~2051 ART MUSEUM DR., S-110~~<br>~~JACKSONVILLE FL 32217~~ | ~~2051 ART MUSEUM DR., S-110~~ #215<br>~~JACKSONVILLE FL 32217~~<br>1710 Shadowood Ln<br>Jax. Fl 32207 |

3. Date Incorporated or Qualified: 03/09/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 1710 Shadowood Ln
Suite, Apt. #, etc.
22: 215
City & State
23: Jacksonville FL
Zip: 24: 32207
Country: 25: USA

2a. Mailing Address
26: 1710 Shadowood Ln
Suite, Apt. #, etc.
27: 215
City & State
28: Jacksonville FL
Zip: 29: 32207
Country: 30: USA

4. FEI Number: 59-3302044 ☐ 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

**DUFRESNE, DONALD M**
**8777 SAN JOSE BLVD., SUITE 302**
**JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 _____ DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | ~~Secty~~ | ☒ Change ☐ Addition |
| NAME | ORLOFF, SHERRY M | | 1.2 NAME | | |
| STREET ADDRESS | ~~2051 ART MUSEUM DR., S-110~~ | | 1.3 STREET ADDRESS | 168 Turtle Bay Lane | |
| CITY-ST-ZIP | ~~JACKSONVILLE FL 32217~~ | | 1.4 CITY-ST-ZIP | Ponte Vedra Beach, FL 32082 | |
| TITLE | D | ☒ DELETE | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | HARPER, THOMAS E | | 2.2 NAME | | |
| STREET ADDRESS | ~~2051 ART MUSEUM DR., S-110~~ | | 2.3 STREET ADDRESS | 1710 Shadowood Lane #215 | |
| CITY-ST-ZIP | ~~JACKSONVILLE FL 32217~~ | | 2.4 CITY-ST-ZIP | Jacksonville, FL 32207 | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | ~~Dixie Peden~~ error | | 3.2 NAME | Dixie L. Peden | |
| STREET ADDRESS | ~~12437 Elsinore Dr~~ | | 3.3 STREET ADDRESS | 1710 Shadowood Ln. Suite 215 | |
| CITY-ST-ZIP | ~~Jax, Fl 32226~~ | | 3.4 CITY-ST-ZIP | Jax Fl 32207 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | | | 4.2 NAME | Matthew M. McAuliffe | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 1710 Shadowood Ln #215 | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | Jax Fl 32207 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or powered 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:** Dixie L. Peden Dixie L. Peden 4/20/94 9043991142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR