

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P95000024539 (5)**

1. Corporation Name

**COMCARE HOME HEALTH AGENCY, INC.**



Principal Place of Business

Mailing Address

**13801 U.S. HWY. 27 SOUTH  
SEBRING FL 33870**

**13801 U.S. HWY. 27 SOUTH  
SEBRING FL 33870**

2. Principal Place of Business

2a. Mailing Address

**21 13801 US Hwy 27 S**

**26 Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 SEbring, FL**

**27**

City & State

City & State

**23 SEbring, FL**

**28**

Zip

Country

Zip

Country

**24 33870**

**25 USA**

**29**

**30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

**03/28/1995**

4. FEI Number

Applied For

**59-3340218**

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

10. Name and Address of New Registered Agent

**SEERAJ, INDRANIE T  
13801 U.S. HWY. 27 SOUTH  
SEBRING FL 33870**

81 Name

**N/A**

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

Signature, typed or printed name of registered agent and their application

(If OFF, Registered Agent signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

☐ DELETE

**D  
NAME SEERAJ, INDRANIE T  
STREET ADDRESS 13801 U.S. HWY. 27 SOUTH  
CITY-ST-ZIP SEBRING FL 33870**

☐ DELETE

**D  
NAME SEERAJ, MAHADELO P  
STREET ADDRESS 13801 U.S. HWY. 27 SOUTH  
CITY-ST-ZIP SEBRING FL 33870**

☐ DELETE

**D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ DELETE

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CITY-ST-ZIP**

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NAME  
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CITY-ST-ZIP**

☐ DELETE

**D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: Indranie T. Seeraj (Indranie T. SEERAJ) 6-15-96 941-471-3322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature/Phone #

CR2E034 (3/96)