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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000088582 (8)
1. Corporation Name

EMERALD COAST HOME HEALTH CARE SERVICES, INC.

Principal Place of Business

1815 15TH STREET
SUITE #8
PANAMA CITY FL 32401

Mailing Address

1815 15TH STREET
SUITE #8
PANAMA CITY FL 32401-1700



2. Principal Place of Business
21 538 Harmon Avenue
Suite, Apt. #, etc.
22 Suite A
City & State
23 Panama City, FL
Zip
24 32401
Country
25 USA

2a. Mailing Address
26 538 Harmon Avenue
Suite, Apt. #, etc.
27 Suite A
City & State
28 Panama City, FL
Zip
29 32401
Country
30 USA

3. Date Incorporated or Qualified
11/14/1995
3a. Date of Last Report
06/07/1996
4. FEI Number
59-3342717
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

HATFIELD, DAREN D
1128 S GAY AVE
SUITE 122
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

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

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 *Daren Hatfield* Daren Hatfield 05-23-97
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1 D HATFIELD, DAREN D
1128 S GAY AVE, #122
PANAMA CITY FL 32404
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2 D LAMBERT, JANIS
1008 GEORGIA AVENUE
PANAMA CITY FL 32404
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition
000002228430
-07/02/97--01001--027
***550.00

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: *Daren Hatfield* Daren Hatfield 05-23-97 (904) 785-5152

CR2E034 (9/96)