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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90163 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091364

1. Corporation Name

PREMIER HOME CARE, INC.

Principal Place of Business

**311 PARK PLACE BLVD SUITE 225
CLEARWATER FL 34619**

Mailing Address

**311 PARK PLACE BLVD SUITE 225
CLEARWATER FL 34619**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1995

2. Principal Place of Business

21 16120 US 19 N

2a. Mailing Address

26 430 Park Place Blvd.

Suite, Apt. #, etc.

22 Suite 135

Suite, Apt. #, etc.

27 Suite 600

City & State

23 Clearwater, FL

City & State

28 Clearwater, FL

Zip

24 33764

Country

25

Zip

29 33759

Country

30

4. FEI Number

59-3346878

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIAZZA, JOHN J SR
311 PARK PLACE BLVD SUITE 225
CLEARWATER FL 34619**

81 Name

John J. Piazza, Sr.

82 Street Address (P.O. Box Number is Not Acceptable)

430 Park Place Blvd.

83

Suite 600

84 City

Clearwater

FL

85 Zip Code

33759

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

John J. Piazza, Sr.
Signature, typed or printed name of registered agent, or both, if applicable

John J. Piazza, Sr.
(NOTE: Registered Agent signature required when reinstating)

DATE **2/12/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **PIAZZA, JOHN J SR**
STREET ADDRESS **311 PARK PLACE BLVD SUITE 225**
CITY-ST-ZIP **CLEARWATER FL 33759**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **John J. Piazza, Sr.**
1.3 STREET ADDRESS **430 Park Place Blvd., Ste. 600**
1.4 CITY-ST-ZIP **Clearwater, FL 33759**

TITLE **S** ☐ DELETE
NAME **LOMBARDI, RITA A**
STREET ADDRESS **13642 SERENA DRIVE**
CITY-ST-ZIP **LARGO FL 33774**

2.1 TITLE **S** ☒ Change ☐ Addition
2.2 NAME **Rita A. Lombardi**
2.3 STREET ADDRESS **430 Park Place Blvd., Ste. 600**
2.4 CITY-ST-ZIP **Clearwater, FL 33759**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. 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 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, with all other like empowered.

SIGNATURE:

Rita A. Lombardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rita A. Lombardi 2/12/99 (727) 793-9300

Date

Daytime Phone #

CR2E034 (11/98)