

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000097968

1. Corporation Name

EVERGREEN HOME HEALTH CARE, INC.

Principal Place of Business

Mailing Address

**226 WEST GEORGIA STREET
TALLAHASSEE, FL 32310**

3. Date Incorporated or Qualified
12/29/95

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 **1827 Capital Circle NE**

26 **1827 Capital Circle NE**

4. FEI Number

59-3353628

Applied For

Not Applicable

Suite, Apt. #, etc

22 **Suite 2D**

Suite, Apt. #, etc

27 **Suite 2D**

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 **Tallahassee, FL 32308**

City & State

28 **Tallahassee, FL 32308**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

24 **Leon**

Zip

Country

29 **Leon**

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

**David A. Barrett
111 South Monroe Street
Suite 3000
Tallahassee, FL 32301**

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

David A. Barrett
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when re-registering)

3-2-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P/V/T/S** ☐ DELETE
NAME **Elizabeth Edwards**
STREET ADDRESS **P. O. Box 466 N/A**
CITY-STATE-ZIP **Quincy, FL 32353**

TITLE ☐ DELETE
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STREET ADDRESS
CITY-STATE-ZIP

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

21 TITLE
22 NAME
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24 CITY-STATE-ZIP

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

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

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

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

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***200.00**

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

SIGNATURE:

Elizabeth Edwards Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96

Daytime Phone **SG 3-8-96**

CR2E034 (12/95)