

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Aug 08 1997 8:00am  
Secretary of State

DOCUMENT # **P95000097968 (8)**

1. Corporation Name

**EVERGREEN HOME HEALTH CARE, INC.**



Principal Place of Business

Mailing Address

**1827 CAPITAL CIRCLE N.E.  
SUITE 20  
TALLAHASSEE FL 32308**

**1827 CAPITAL CIRCLE N.E.  
SUITE 20  
TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/29/1995**

3a. Date of Last Report

**03/08/1996**

4. FEI Number

**59-3353628**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 1549 Colonial Drive**

2a. Mailing Address

**26 P.O. Box 1332**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Tallahassee, Florida**

City & State

**28 Tallahassee, Florida**

Zip

Country

**24 32303**

Zip

Country

**29 32303-1332**

9. Name and Address of Current Registered Agent

**BARRETT, DAVID A  
111 SOUTH MONROE STREET  
SUITE 3000  
TALLAHASSEE FL 32302**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

**EDWARDS, ELIZABETH, Pres.  
P.O. BOX 400 N/A  
QUINCY FL 32350**

☐ DELETE

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P.O. BOX 400 N/A  
QUINCY FL 32350**

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QUINCY FL 32350**

☐ DELETE

**EDWARDS, ELIZABETH, Pres.  
P.O. BOX 400 N/A  
QUINCY FL 32350**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**DAVID A. BARRETT, Pres.**

☒ Change

☐ Addition

1.2 NAME

**DAVID A. BARRETT**

1.3 STREET ADDRESS

**111 So Monroe Suite 3000**

1.4 CITY-ST-ZIP

**Tallahassee, Fla. 32302**

2.1 TITLE

**DAVID A. BARRETT**

☐ Change

☐ Addition

2.2 NAME

**DAVID A. BARRETT**

2.3 STREET ADDRESS

**111 So Monroe Suite 3000**

2.4 CITY-ST-ZIP

**Tallahassee, Fla. 32302**

3.1 TITLE

**DAVID A. BARRETT**

☐ Change

☐ Addition

3.2 NAME

**DAVID A. BARRETT**

3.3 STREET ADDRESS

**111 So Monroe Suite 3000**

3.4 CITY-ST-ZIP

**Tallahassee, Fla. 32302**

4.1 TITLE

**DAVID A. BARRETT**

☐ Change

☐ Addition

4.2 NAME

**DAVID A. BARRETT**

4.3 STREET ADDRESS

**111 So Monroe Suite 3000**

4.4 CITY-ST-ZIP

**Tallahassee, Fla. 32302**

5.1 TITLE

**DAVID A. BARRETT**

☐ Change

☐ Addition

5.2 NAME

**DAVID A. BARRETT**

5.3 STREET ADDRESS

**111 So Monroe Suite 3000**

5.4 CITY-ST-ZIP

**Tallahassee, Fla. 32302**

6.1 TITLE

**DAVID A. BARRETT**

☐ Change

☐ Addition

6.2 NAME

**DAVID A. BARRETT**

6.3 STREET ADDRESS

**111 So Monroe Suite 3000**

6.4 CITY-ST-ZIP

**Tallahassee, Fla. 32302**

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

**DAVID A. BARRETT**

**7/22/97**

CP2E034 (4/97)