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FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000095412 (8)

1. Corporation Name

PREMIER HOME CARE, INC. OF STUART

Principal Place of Business

723 COLORADO AVE
STUART FL 34994

Mailing Address

723 COLORADO AVE
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1996

2. Principal Place of Business

21 721 Colorado Ave

Suite, Apt. #, etc.

22

City & State

23 STUART FL

Zip

24 34994

Country

25 USA

2a. Mailing Address

26 721 Colorado Ave

Suite, Apt. #, etc.

27

City & State

28 STUART, FL

Zip

29 34994

Country

30 USA

4. FEI Number

65-0714561

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

ROBINSON, JACQUELINE C
1997 PALM CITY RD
STUART FL 34994

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

TITLE ☐ DELETE

D
NAME ROBINSON, JACQUELINE C
STREET ADDRESS 1997 PALM CITY RD
CITY-ST-ZIP STUART FL 34994

TITLE ☐ DELETE

P
NAME ROBINSON, RONALD
STREET ADDRESS 2510 PINE CREST LAKES
CITY-ST-ZIP JENSON BEACH FL 34957

TITLE ☐ DELETE

VPS
NAME ROBINSON, GERALD
STREET ADDRESS 1997 PALM CITY RD
CITY-ST-ZIP STUART FL 34994

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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

SIGNATURE: Jacqueline C. Robinson Jacqueline C. Robinson 2/10/98 561-287-8800

CR2E034 (10/97)