

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

046640

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90150 013 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000100487**

1. Corporation Name

**CARE PLUS HOME HEALTH, INC.**



Principal Place of Business

**3322 MANATEE AVE., WEST  
BRADENTON FL 34205**

Mailing Address

**3322 MANATEE AVE., WEST  
BRADENTON FL 34205**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/12/1996**

4. FEI Number

**65-0729656**

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

2. Principal Place of Business

**21 3325 26th St W**

Suite, Apt. #, etc.

**22**

City & State

**23 Bradenton, FL**

Zip

**24 34205**

Country

**25 USA**

2a. Mailing Address

**26 3325 26th St W**

Suite, Apt. #, etc.

**27**

City & State

**28 Bradenton, FL**

Zip

**29 34205**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**HOMISCO INCORPORATION, INC.  
222 LAKEVIEW AVE., SUITE 800  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

**Paul Garlick**

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

**3325 26th St W**

83

84 City

**Bradenton, FL**

**FL**

85

**34205**

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	PD	<input type="checkbox"/> DELETE
NAME	<b>GARLICK, PAUL</b>	
STREET ADDRESS	<b>3322 MANATEE AVE., WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>GARLICK, KATHRYN</b>	
STREET ADDRESS	<b>3322 MANATEE AVE., WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>Garlick, Paul - President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	<b>P.O. Box 459</b>	
14 CITY-ST-ZIP	<b>Terra Ceia FL 34250</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<b>Garlick, Kathryn</b>	
22 NAME		
23 STREET ADDRESS	<b>P.O. Box 459</b>	
24 CITY-ST-ZIP	<b>Terra Ceia FL 34250</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)