


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000009480		
1. Entity Name FOUNTAINS HOME CARE OF FLORIDA, INC.		
Principal Place of Business 7979 S TAMiami TRAIL SARASOTA, FL 34231	Mailing Address 2020 W. RUDASILL TUCSON, AZ 85704 US	



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2294578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

UN00000239690
02/22/05-80055-004 350.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRESHWATER, DAVID 2020 W. RUDASILL TUCSON, AZ 85704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POZEZ, MITCHELL T 2020 W. RUDASILL TUCSON, AZ 85704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORWART, FREDERIC 124 E. FOURTH STREET TULSA, OK 74103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAMINGA, RICK 7979 S TAMiami TRAIL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DANKER, THOMAS W 2020 W. RUDASILL TUCSON, AZ 85704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  VP-CTO 2/8/05 5207424252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #