

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P97000017328 (0)**

1. Corporation Name

ADVOCATE HOME HEALTH CARE, INC.

Principal Place of Business

**4030 NW 35TH ST
GAINESVILLE FL 32605-5408**

Mailing Address

**4030 NW 35TH ST
GAINESVILLE FL 32605-5408**

FILED
May 14 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

59-3443127

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

21 101 SE 2nd PL STE 110

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Gainesville, FL

28 Zip Country

24 32601 25 N. Amer.

29 30

9. Name and Address of Current Registered Agent

**MUNKITTRICK, CYNTHIA S
11295 NW 129TH PLACE
CHIEFLND FL 32626**

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 **D** ☐ DELETE

NAME **WHITE, BELZORIA T**
STREET ADDRESS **319 NE 50TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **PD** ☐ DELETE

NAME **FIELDS, DEBBIE**
STREET ADDRESS **1920 SE 39TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32641**

TITLE **SD** ☐ DELETE

NAME **DAVID, MARY I**
STREET ADDRESS **P.O. BOX 1104 (NA)**
CITY-ST-ZIP **TRENTON FL 32693**

TITLE **TD** ☐ DELETE

NAME **WILLIAMS, JAVIS E**
STREET ADDRESS **1720 S PALM AVE**
CITY-ST-ZIP **PALATKA FL 32177**

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, upon an attachment with an address.

SIGNATURE **B. White / Belzoria T. Williams** **4/27/98** **352-326-9344**

CR2E034 (10/97)