

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

FILED  
Feb 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **P97000036241 (2)**

1. Corporation Name  
**HOME HEALTH PLAN, INC.**

Principal Place of Business  
**13830 58TH STREET NORTH #404  
CLEARWATER FL 34620**

Mailing Address  
**13830 58TH STREET NORTH #404  
CLEARWATER FL 34620**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 2150 Whitfield Industrial Way**  
Suite, Apt. #, etc.  
**22**  
City & State  
**23 Sarasota, FL**  
Zip Country  
**24 34243 25 USA**

2a. Mailing Address  
**26 P.O. Box 12556**  
Suite, Apt. #, etc.  
**27**  
City & State  
**28 St. Petersburg, FL**  
Zip Country  
**29 33733 30 USA**

3. Date Incorporated or Qualified  
**04/23/1997**

4. FEI Number  
**65-0802981** 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

9. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE FL 32301-1283**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dobiesz, Norman R.</b>	1.2 NAME	
STREET ADDRESS	<b>2150 Whitfield Industrial Way</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Sarasota, FL 34243</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Zambouros, Michael</b>	2.2 NAME	
STREET ADDRESS	<b>2150 Whitfield Industrial Way</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Sarasota, FL 34243</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dobiesz, Maureen D.</b>	3.2 NAME	
STREET ADDRESS	<b>2150 Whitfield Industrial Way</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Sarasota, FL 34243</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Maureen D. Dobiesz, Secy.*

*1/28/98*

CR2E034 (10/97)