


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 17, 1999 8:00 am  
Secretary of State  
08-17-1999 90001 039 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000083471  
1. Corporation Name  
HOME CARE EXCELLENCE OF TAMPA BAY, INC.

Principal Place of Business  
5200 SEMINOLE BLVD.  
SUITE F  
ST. PETERSBURG FL 33709

Mailing Address  
5200 SEMINOLE BLVD.  
SUITE F  
ST. PETERSBURG FL 33709



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
09/28/1998

4. FEI Number  
59-3534271

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.  
Yes No

9. Name and Address of Current Registered Agent  
LORENTO, CHRISTOPHER A  
1490 LACONIA DR., WEST  
CLEARWATER FL 33764

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: CHRISTOPHER A LORENTO  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
DATE: 7/19/99

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
LORENTO, CHRISTOPHER A  
1490 LACONIA DR., WEST  
CLEARWATER FL 33764

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
KELPINSKI, NANCY  
13470 SAN RAFAEL DR.  
SEMINOLE FL 33744

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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: CHRISTOPHER A LORENTO  
7/19/99 727-394 0031

CR2E034 (5/99)

606256-90001-39  
p98000083471

# Home Care Excellence of Tampa Bay, Inc.

5200 Seminole Blvd., Suite F St. Petersburg, Fl. 33708

July 8, 1999

Division of Corporations  
Annual Report Filings  
P. O. Box 1500  
Tallahassee, Fl 32302-1500



To whom it may concern,

I am writing to you because Home Care Excellence of Tampa Bay, Inc. Never received a 1<sup>st</sup> Notice of the Corporation Document to send the initial \$250.00 fee. Considering that we just filed for our corporation F. E. I number and that our number was not on the 2<sup>nd</sup> notice of the form we received, I wonder if that could have been the reason we never received our initial notice. I have enclosed the \$550.00 fee as stated with this remittance, but ask if you would please consider waving the \$400.00 late fee since we never received the initial notice. Thank You for your consideration in this matter.

Respectfully,

Christopher A. Lorento  
Owner/President

Home Care Excellence of Tampa Bay, Inc.