

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

FILED

May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S07049 (7)

1. Corporation Name
HOME CARE SOLUTIONS, INC.

Principal Place of Business
270 S NORTH LAKE BLVD
SUITE 1000
ALTAMONTE SPRINGS FL 32701

Mailing Address
270 S NORTH LAKE BLVD
SUITE 1000
ALTAMONTE SPRINGS FL 32701



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/15/1990

4. FEI Number
59-3048746

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

9. Name and Address of Current Registered Agent

RUGG, JOE
ONE TAMPA CITY CENTER
SUITE 2100
TAMPA FL 33601

25. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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 ☐ DELETE

NAME VSD
POWERS, KEVIN
STREET ADDRESS 108 SAN SEBASTIAN PRADO
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☐ DELETE

NAME PTD
POWERS, TIMOTHY
STREET ADDRESS 4008 E LONGBOAT BLVD
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME D
MILLER, ANDREW W.
STREET ADDRESS 270 S. NORTH LAKE BLVD STE 1000
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 270 S. Northlake Blvd.
1.3 STREET ADDRESS Suite 1000
1.4 CITY-ST-ZIP Altamonte Springs, FL 32701

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 270 S. Northlake Blvd.
2.3 STREET ADDRESS Suite 1000
2.4 CITY-ST-ZIP Altamonte Springs, FL 32701

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS ← SAME
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, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)

339-6500