

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S67387** (8)

1. Corporation Name

SOUTHERN CROSS HOME HEALTH, INC.

Principal Place of Business

**5400 N UNIV DR.
STE 108
DAVIE FL 33328
US**

Mailing Address

**4491 SO S.R. 7
STE 200
FT LAUD FL 33314
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LOUIS W. BOISVERT, III
4491 SOUTH STATE RD 7
SUITE 200
FT. LAUDERDALE FL 33314**

3. Date Incorporated or Qualified

07/17/1991

3a. Date of Last Report

04/28/1995

4. FEI Number

65-0277279

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81

Name

Louis W. Boisvert, III

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 location of office

(NOTE: Registered Agent Signature required when reconstituted)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S

**CAROL BEFANIS O'DONNELL
4491 SO S.R. 7, STE 200
FT. LAUDERDALE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP

**ULLRICH, KLAMM
4491 SO S.R. 7, STE 200
FT. LAUDERDALE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**BOISVERT, LOUIS W. III
4491 SO S.R. 7, STE 200
FT. LAUD FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T

**DOBROVOSKY, LISA
4491 SO S.R. 7, STE 200
FT. LAUD FL**

☐ 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

**300001783793
-04/17/96-01045-024
***200.00**

4-17-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

[Signature]

Louis W. Boisvert, III 4/5/96 (954) 321-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)