

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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S73891

(1)

1. Corporation Name

PREFERRED HOME HEALTH, INC.

Principal Place of Business

8500 WEST SUNRISE BLVD.  
PLANTATION FL 33322

Mailing Address

8500 WEST SUNRISE BLVD.  
PLANTATION FL 33322-4017



2. Principal Place of Business

21 8065 Leesburg Pike

22 Suite 400

23 Vienna, VA

24 22182

2a. Mailing Address

26 8065 Leesburg Pike

27 Suite 400

28 Vienna, VA

29 22182

30 USA

3. Date Incorporated or Qualified

08/16/1991

3a. Date of Last Report

02/07/1996

4. FEI Number

65-0307232

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

9. Name and Address of Current Registered Agent

MAINGUY, ROBERT  
8500 W. SUNRISE BLVD.  
PLANTATION FL 33322

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	PT	<input checked="" type="checkbox"/> DELETE
NAME	MAINGUY, ROBERT	
STREET ADDRESS	8500 W SUNRISE BLVD.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	MAINGUY, ROBERT	
STREET ADDRESS	8500 W SUNRISE BLVD	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Heller, J Roderick III	
1.3 STREET ADDRESS	8065 Leesburg Pike	
1.4 CITY-ST-ZIP	Vienna, VA 22182	
2.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sullivan, William R	
2.3 STREET ADDRESS	8065 Leesburg Pike	
2.4 CITY-ST-ZIP	Vienna, VA 22182	
3.1 TITLE	D/VP/COIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Grant, Ann Torre	
3.3 STREET ADDRESS	8065 Leesburg Pike	
3.4 CITY-ST-ZIP	Vienna, VA 22182	
4.1 TITLE	SUP/SGC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bander, Joel F	
4.3 STREET ADDRESS	8065 Leesburg Pike	
4.4 CITY-ST-ZIP	Vienna, VA 22182	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Washington, Adrian	
5.3 STREET ADDRESS	8065 Leesburg Pike	
5.4 CITY-ST-ZIP	Vienna, VA 22182	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Banks, M. Idred C	
6.3 STREET ADDRESS	8065 Leesburg Pike	
6.4 CITY-ST-ZIP	Vienna, VA 22182	

14. I do 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:

*M. Idred C. Banks* M. Idred C. Banks, Asst Secy 4-29-97 703/691-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0261442

CR2E034 (9/96)