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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V02998 (5)

1. Corporation Name
SIGNATURE HOME CARE OF FLORIDA, INC.



Principal Place of Business

1916 DAIRY ROAD
W. MELBOURNE FL 32904
US

Mailing Address

1320 GRENWAY DR
STE 600
IRVING TX 75038-2500
US

2. Principal Place of Business

21 10065 Red Run Blvd.

Suite, Apt. #, etc.

City & State

23 Owings Mills, MD

Zip

Country

24 21117

25 USA

2a. Mailing Address

26 10065 Red Run Blvd

Suite, Apt. #, etc.

City & State

28 Owings Mills, MD

Zip

Country

29 21117

30 USA

3. Date Incorporated or Qualified

12/30/1991

3a. Date of Last Report

04/16/1996

4. FEI Number

59-3156072

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name C.T. Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

83

84 City Plantation

FL

85 Zip Code

33324

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

Asst. Secy.

4/2/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	SHORT, RICK	1320 GREENWAY STE 600	IRVING TX	<input checked="" type="checkbox"/>
S	HARDING, BARRY	1320 GREENWAY DR STE 600	IRVING TX	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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
President	Lawrence P. Cirka	10065 Red Run Blvd.	Owings Mills, MD 21117	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President	Mark L. Fulchino	10065 Red Run Blvd.	Owings Mills, MD 21117	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Marc B. Levin	10065 Red Run Blvd.	Owings Mills, MD 21117	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	C.A.O.	W. Bradley Bennett	10065 Red Run Blvd.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Mark Fulchino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97

Date

(410) 998-8578

Daytime Phone

0494119

CR2E034 (9/96)