

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V27213

(0)

1. Corporation Name

JACKSONVILLE HOME CARE, INC.

Principal Place of Business

2580 ATLANTIC BLVD
STE. 100B
JACKSONVILLE FL 32207
US

Mailing Address

2580 ATLANTIC BLVD
STE. 100B
JACKSONVILLE FL 32207
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/31/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3122770

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

2. Principal Place of Business

21 4070 Boulevard CTR DR

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Jacksonville FL

Zip

24 32207

Country

25 USA

2a. Mailing Address

26 4070 Boulevard CTR DR

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Jacksonville FL

Zip

29 32207

Country

30 USA

9. Name and Address of Current Registered Agent

ROTHSTEIN, MITCHELL S.
2580 ATLANTIC BLVD
STE. 100B
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 3275 W. Hillsboro Blvd #210

84 City

Deerfield Beach

FL

85 Zip Code

33442

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 responsibilities of, Section 607.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent Signature required when registering)

DATE

4/1/95

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROTHSTEIN, MITCHELL S.
STREET ADDRESS 2580 ATLANTIC BLVD, STE. 100B
CITY - ST - ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 if changed, or both, in accordance with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mitchell Rothstein

4-10-95

Date

(94)
399-3505

Signature Number