

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000000378

Entity Name: HOME-CALL HEALTHCARE CORP.**Current Principal Place of Business:**7235 BONNEVAL RD.,SUITE 404
JACKSONVILLE, FL 32256**Current Mailing Address:**7235 BONNEVAL RD.,SUITE 404
JACKSONVILLE, FL 32256 US**FEI Number:** 46-4540554**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'CONNOR, SEAN P
211 NORTH KROME AVENUE
HOMESTEAD, FL 33030 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** SEAN P O'CONNOR

01/31/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name O'CONNOR, PHILLIP C JR.
Address 5398 HERONVIEW CT
City-State-Zip: JACKSONVILLE FL 32257

Title STD
Name O'CONNOR, LINDA A
Address 5398 HERONVIEW CT
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name PARNELL, AILENE E
Address 7235 BONNEVAL RD.,SUITE 404
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name GATES, THERESA
Address 7235 BONNEVAL RD.,SUITE 404
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name BERNATH, PAMELA
Address 7235 BONNEVAL RD.,SUITE 404
City-State-Zip: JACKSONVILLE FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PHILLIP C. O'CONNOR /JEF

PRESIDENT

01/31/2018

Electronic Signature of Signing Officer/Director Detail

Date