2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734082

1. Entity Name

~~ABC HOME HEALTH SERVICES, INC.~~

SHANDS JACKSONVILLE COMMUNITY SERVICES, INC.

FILED

02 MAY -1 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000359B

Principal Place of Business	Mailing Address
580 WEST 8TH STREET JACKSONVILLE FL 32209	ATTENTION: CHARLES E. CANIFF 655 WEST 8TH STREET JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0173761 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CANIFF,CHARLES E. ESQ. 655 WEST 8TH STREET JACKSONVILLE FL 32209	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD NORTON, ROBERT G 655 W 8TH STREET JACKSONVILLE FL 32209	☑ Delete	CPD Otis L. Story, Sr. 655 West 8th Street Jacksonville, FL. 32209	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GAY, GREG 655 W 8TH STREET JACKSONVILLE FL 32209	☑ Delete	TD William J. Ryan 655 West 8th Street Jacksonville, FL. 32209	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CANIFF, CHARLES E ESQ. 655 WEST 8TH STREET JACKSONVILLE FL 32209	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	000005509420--5 -05/14/02--01057--025 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

12. I 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles E. Caniff Charles E. Caniff 04/30/02 904-244-5984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR