

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 10 PM 1:49

DOCUMENT # P94000010774 (5)

1. Corporation Name

GOOD HOME HEALTH CARE, INC.

Principal Place of Business

4506 L.B. MCLEOD ROAD  
SUITE F  
ORLANDO FL 32811

Mailing Address

P.O. BOX 536576  
ORLANDO FL 32853-6576

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/26/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

City & State

29

Zip

Country

30

4. FEI Number

59-3221482

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

SIMSER, THOMAS A JR  
201 S. ORANGE AVE.  
SUITE 860  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

STEPHEN P. GRIGGS  
4506 LB MCLEOD ROAD  
SUITE F  
ORLANDO FL 32811

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 (printed) name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

2/6/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  
NAME: KENNEDY, WILLIAM P  
STREET ADDRESS: 4506 L.B. MCLEOD ROAD, SUITE F  
CITY-ST-ZIP: ORLANDO FL 32811

1.1 TITLE: DELETE  Change  Addition  
1.2 NAME: DELETE  
1.3 STREET ADDRESS: DELETE  
1.4 CITY-ST-ZIP: DELETE

TITLE: D  
NAME: WALKER, WILLIAM A II  
STREET ADDRESS: 250 PARK AVE. S., 5TH FLOOR  
CITY-ST-ZIP: WINTER PARK FL 32789

2.1 TITLE: DELETE  Change  Addition  
2.2 NAME: DELETE  
2.3 STREET ADDRESS: DELETE  
2.4 CITY-ST-ZIP: DELETE

TITLE: D  
NAME: GRIGGS, STEPHEN P  
STREET ADDRESS: 4506 L.B. MCLEOD ROAD, SUITE F  
CITY-ST-ZIP: ORLANDO FL 32811

3.1 TITLE: PRES/ASST SEC/DIR  Change  Addition  
3.2 NAME: PRES/ASST SEC/DIR  
3.3 STREET ADDRESS: PRES/ASST SEC/DIR

TITLE: SEC/TREAS/DIRECTOR  
NAME: REBECCA R. IRISH  
STREET ADDRESS: 4506 LB MCLEOD RD., STE F.  
CITY-ST-ZIP: ORLANDO FL 32811

ange  Addition

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: 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(9)(a), 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 registered 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:

REBECCA R. IRISH

2/6/95 (407)841-2115