| 2 ALL BLVD VPRHULS FL 33541 7500 ALL BLVD ZEPHYRHLS FL 33541 Image: Status and Sta | | FILE NOW: FII | LING FEE I | S \$61.25 | | | FILF | ED | _ |
|--|--------------------|---------------------------------------|----------------------|------------------------|-----------------|-------------------|---|-------------------------|--------------------------------|
| In the product of the p | | PORATION AL REPORT | | Katherine Secretary | Harr of Stat | is 9 | Secretary | of Sta | te |
| Carbonal Marine EGARTLAND HOME HEALTH AGENCY, INC: EGARTLAND HOME HEALTH AGENCY, INC: Carbonal Rev. Carbona Rev. Carbonal Rev. Carbonal Rev. Carbonal Rev. Carbona | | | | | ORPOR | ATIONS | | 032 ****61.2 | 25 |
| Could BUD DALL BUD DALL BUD DALL BUD DEPKMENLLS FL 35541 | Corporation | Name | | | | | | | |
| Open Plancing Disk of Disk Open Plance of Business 28 Physical Plance of Business 28 Tripgial Plance of Business 28 Trippial Plance of Busi | HEARTLA | ND HOME HEALTH AGE | NCY, INC | | | | * 2 5 0 9 250955 - 90122 - | 5 5 * | 1 |
| Open Plancing Disk of Disk Open Plance of Business 28 Physical Plance of Business 28 Tripgial Plance of Business 28 Trippial Plance of Busi | | | | | | | | | |
| Trinopal Place of Business | | | | | | | T TODATE TODATE ATTAC AND A DIAL DIAL THE ATTAC | (A) ATT ATATE ATATE BE | IF 0 1011 1 00 1 |
| Auton Description Description Suite, Apt, #, etc. Suite, Apt, #, etc. 4. EEI Number Number Typ & State Chy & State State State City & State State State State State State Sta | | | | | | | | | |
| Sulle, Apt. #, etc. Sulle, Apt. #, etc. FEI Number Applied For Solle, Apt. #, etc. Solle, Apt. #, etc | Principal Pla | ce of Business | | Äddress | | | • | | |
| City & State Image: City & State Scriftdate of Status Desired \$\$2,75 Additional City & State Image: City & State Scriftdate of Status Desired \$\$5,00 May Be The Required State The Required \$\$5,00 May Be S. Name and Address of Current Registered Agent Image: City A State Address of the Registered Agent IN ORLANDO AVE Image: City A State Image: City A State Image: City A State IN ORLANDO AVE Image: City A State Image: City A State Image: City A State IN ORLANDO AVE Image: City A State Image: City A State Image: City A State IN ORLANDO AVE Image: City A State Image: City A State Image: City A State Porsument to the provisions of Sections 617 0502 and 617 1606. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Image: City Address City Addr | Suite, Apt. # | , etc. | | pt. #, etc. | | | 4. FEI Number | Арі | lied For |
| Added A | | · · · | | tato | | | 59-2108057 | | |
| Cp Country Zp Country Elector countage Financing \$3.00 May 6e 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent Added to Fins HMBLE, T L 11. NoRea and Address of New Registered Agent 10. Name and Address of New Registered Agent 4dded to Fins HMBLE, T L 61 Street Address (F.O. Box Number is Not Acceptable) 62 11. N ORLANDO AVE 62 Street Address (F.O. Box Number is Not Acceptable) 62 12. Transformed agent, or built, in the State of Forda. States. The above-nerved dovocation submits this statement for the purpose of change is registered agent, and accept the obligations of, Section 817.0503, Forda States. Forda States of Gordon agent, or built, in the State of Forda. States. Exect of Comparison agent agent agent, and accept the obligations of, Section 817.0503, Forda States. Exect of Comparison agent | City & State | | | 21918 | | | 5. Certifcate of Status Desired | - | |
| 122 122 123 124 12 12 1 12 | Zip | | | 5 | _ | ntry | | • | • |
| RIMBLE, T L 11 N ORLANDO AVE 11 N ORLANDO AVE 62 94 City 94 City <t< td=""><td></td><td></td><td></td><td></td><td>·• [</td><td></td><td></td><td>ed Agent</td><td></td></t<> | | | | | ·• [| | | ed Agent | |
| 11 N ORLANDO AVE WINTER PARK FL 32789 83 83 44 City FL 85 Zip Code Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with: and account the obligations of section 817.0502 and 617.1508, Florida Statutes, the agent. I am familiar with: and account the obligations of section 817.0502 in the statement of registered agent. I or familiar with: and account of registered agent. I or familiar with: and account of section 817.0502 in the statement. Inter statement for the registered agent. I or familiar with: and account of registered agent. I or familiar with: and account of registered agent. I or familiar with: and account of registered agent. I or familiar with: and account of registered agent. I or familiar with: and account of registered agent. I or familiar with: and account of registered agent. I or familiar with: and account of registered agent. I or familiar with: and account of registered agent. I or familiar with: and account of registered agent. I or familiar with: and account of registered agent. I or familiar with: and account of registered agent. I or familiar with and account of registered agent. I or familiar with and account of registered agent. I or familiar with and account of registered agent. I or familiar with and account of registered agent. I or familiar with and account of registered agent. I or familiar with and account of registered agent. I or familiar with and account of registered agent. I or familiar with and account of registered agent. I or familiar with and account of registered agent. I or familiar with and account of registered agent. I or familiar with and account of registered agent. I or familiar with and account of registered agent. I or | | | | | | | | | |
| WINTER PARK FL 32789 83 Product to the provisions of Section 5 617.0502 and 617.1503. Florids Statutes, the above-named corporation submits this statement for the provision of the provision as the above-named corporation submits this statement for the provision as the appointment as registered agent, and and applied of the other submits with, and accept the objection 617.0503. Florids Statutes, the above-named corporation submits this statement for the provision as registered agent, and and applied of provision as the appointment as registered agent, and and applied of the other with the statement for the provision as the application agent at the statement of the application agent at the application of the application agent at the statement of the application agent at the application of the application agent at the application agent application agent at the application agent applic | | | | | | 82 Street Ad | dress (P.O. Box Number is Not Acceptable) | | |
| Product to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-nemed corporation submits this statement for the purposed of changing its registered agent. I an familiar with, and accept the obligations of Social of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Social of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Social of Florida Statutes. (NOTE Registered Agent Adjust Version Particular Version Par | | | | | | 83 | | | |
| office or registered agent, or both, in the State of Florida, Such change was authorized by the Coporation's board of directors. Thereby accept the biplantine'n as registered agent, and an analysis of periods authorized by the Coporation's board of directors. Thereby accept the biplantine'n as registered agent, and analysis of periods authorized by the Coporation's board of directors. Thereby accept the biplantine'n ad an as registered agent, and analysis of periods authorized by the Coporation's board of directors. Thereby accept the biplantine'n addition of the application in a registered agent and the 'application' in application' in a registered agent and the 'application' in a regi | | , | | | | 84 City | | 85 Zip C | ode |
| Image: Strate ADDRESS 12 MWE ET ADDRESS 7050 GALL BLVD ST:2P ZEPHYRHILLS FL 33541 Image: Top Change Image: Top Change Image: Top Change: Top Change Image: Top Change Image: Top Change: Top Change Image: Top Change Image: Top Change: | agent. I am | I familiar with, and accept the oblig | gations of, Section | 617.0503, FIORO | la Stati | nes. | and when reinstating) DATE | AND DIRECTO | |
| ET ADDRESS TOSO GALL BLVD ST-ZP ZEPHYRHILLS FL 33541 1.40TY-ST-ZP ZEPHYRHILLS FL 33541 1.40TY-ST-ZP TD Change Addition Change Change Addition | | | | | | | | Change | Addition |
| ST-ZP ZEPHYRHILLS FL 33541 14 GTY-ST-ZP ID DELETE 21 TITLE HAUGEN, DAVID 23 STREET ADRESS ST-ZP ZEPHYRHILLS FL 33541 24 GTY-ST-ZP SD DELETE 31 TITLE SD DELETE 31 TITLE ST-ZP ZEPHYRHILLS FL 33541 Change SD DELETE 31 TITLE ST-ZP SD DELETE ST-ZP ZEPHYRHILLS FL 33541 Change HERNDON, JUNE M. 32 NME ST-ZP ZEPHYRHILLS FL 33541 Change HERNDORS 7050 GALL BLVD 33 STREET ADRESS ST-ZP ZEPHYRHILLS FL 33541 OELETE ST-ZP DELETE 41 TITLE Change Addition ST-ZP DELETE ST-ZP DELETE | | · · | | | | | | | |
| TD DELETE 21 TTLE Change Additio ET ADORESS 7050 GALL BLVD 23 STREET ADORESS 23 STREET ADORESS ST: 2P SD DELETE 31 TTLE Change Additio E SD DELETE 31 TTLE Change Additio E SD DELETE 31 TTLE Change Additio EF ADORESS 7050 GALL BLVD 33 STREET ADORESS Additio S3: 72P ZEPHYRHILLS FL 33541 Change Additio EF ADORESS 7050 GALL BLVD 33 STREET ADORESS Additio S3: 72P ZEPHYRHILLS FL 33541 Additio Additio EF ADORESS S1 STREET ADORESS Additio Additio S4: 72P Additio Additio Additio Additio EF ADORESS S3 STREET ADORESS S3 STREET ADORESS Additio S4: 72P Additive S1: 2P Change Additio EF ADORESS S3 STREET ADORESS S3 STREET ADORESS S3 STREET ADORESS S1: 2P DELETE S1 TTLE Change Additio EF ADORESS | | | | | | | | | |
| TADORESS 7050 GALL BLVD 23 STREET ADORESS ST-ZP ZEPHYRHILLS FL 33541 2.4 CITV-5T-ZP E SD DELETE 3.1 TTLE E HERNDON, JUNE M. 32 NAME ST-ZP ZEPHYRHILLS FL 33541 Change Addition ST-ZP ZEPHYRHILLS FL 33541 3.4 CITV-5T-ZP Change Addition ST-ZP ZEPHYRHILLS FL 33541 3.4 CITV-5T-ZP Change Addition E DELETE 4.1 TTLE Change Addition ST-ZP DELETE 4.1 TTLE Change Addition ET ADORESS STREET ADORESS | | | | DELETE | | | | Change 🗌 | Addition |
| ST. 2P ZEPHYRHILLS FL 33541 2.4 CITY-ST-ZP SD DELETE 3.1 TTLE SET ADDRESS 7050 GALL BLVD 3.3 STREET ADDRESS ST-ZP ZEPHYRHILLS FL 33541 3.4 CITY-ST-ZP Change Addition ST-ZP DELETE 4.1 TTLE E 0 DELETE 5.1 TTLE ST-ZP 0 DELETE 5.1 TTLE E 0 DELETE 5.1 TTLE SITTLE 0 DELETE 5.1 TTLE SITTLE 0 DELETE 5.1 TTLE SITTLE 0 DELETE 6.1 TTLE SITTLE 0 DELETE 6.1 TTLE SITTLE 0 DELETE 6.1 TTLE SITTLE 0 Change 0 Additione SITTLE 0 DELETE 6.1 TTLE SITTLE 0 DELETE 6.1 TTLE | | - | | | | | | | |
| SU Control SU Control SU Control SU | | | | | | 1 | | | |
| EET ADDRESS 7050 GALL BLVD 3.3 STREET ADDRESS ST-ZP ZEPHYRHILLS FL 33541 34. CTY-ST-ZP EET ADDRESS 4. CTY-ST-ZP EET ADDRESS 4.3 STREET ADDRESS ST-ZP 44. CTY-ST-ZP EET ADDRESS 51. TTLE ST-ZP Change EET ADDRESS 44. CTY-ST-ZP ST-ZP 44. CTY-ST-ZP EET ADDRESS 53. STREET ADDRESS ST-ZP Change EET ADDRESS 53. STREET ADDRESS ST-ZP Change I DELETE 51. TTLE ST-ZP Change I DELETE 52. NAME ST-ZP S4. CTY-ST-ZP I DELETE 61. TTLE ST-ZP Change I DELETE 63. STREET ADDRESS ST-ZP S4. CTY-ST-ZP I hereby certify that the information supplemental annual report is true and accurate and thart my signature shall have the same legal effect as if made under oath; that I am an officer or director of this enpouls report or supplemental annual report is true and accurate and thart my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or thus enpowered to execute this report as required by Chapter 617. Flori | | | | | 1 | | | Change | Addition |
| ST. ZP ZEPHYRHILLS FL 33541 34. CTY-ST-ZP Image: Change in the standard statutes in the standard statutes in the standard statutes. I further certify that the information 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. | | • | | | | · • | · · | | |
| E 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS .str.2IP DELETE S1 TITLE Change Addition S1 TITLE E S2 NAME S2 NAME S3 STREET ADDRESS .str.2IP DELETE S1 TITLE Change S2 NAME S3 STREET ADDRESS .str.2IP DELETE S4 CITY-ST-ZIP S4 CITY-ST-ZIP S4 CITY-ST-ZIP S5 STREET ADDRESS .str.2IP DELETE 6.1 TITLE Change Addition S2 NAME S3 STREET ADDRESS .str.2IP DELETE 6.1 TITLE Change Addition 62 NAME 63 STREET ADDRESS .str.2IP 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 annual report or supplemental annual report is trua and accurate and that my signature shall have the same legal effect as if made under oat | | | | _ | 3.4. C | TY-ST-ZIP | | | |
| EFT ADDRESS 4.3 STREET ADDRESS ST-ZIP IDELETE E S1 TITLE E S3 STREET ADDRESS ST-ZIP S3 STREET ADDRESS ST-ZIP S3 STREET ADDRESS ST-ZIP S4 CITY-ST-ZIP E S3 STREET ADDRESS ST-ZIP S4 CITY-ST-ZIP E S3 STREET ADDRESS ST-ZIP S4 CITY-ST-ZIP E S1 TITLE E S1 STREET ADDRESS ST-ZIP S4 CITY-ST-ZIP E S1 STREET ADDRESS ST-ZIP S4 CITY-ST-ZIP Inhereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. | E | | | DELETE | | | | Change | |
| ST-ZIP 44 CITY-ST-ZIP Image: DELETE DELETE S1 TITLE Image: DELETE S2 NAME S3 STREET ADDRESS ST-ZIP S4 CITY-ST-ZIP Image: DELETE 61 TITLE | ME REET ADDRESS | | | | | 1 | | | |
| E 52 NAME ST-ZIP 53 STREET ADDRESS ST-ZIP DELETE 61 TITLE Change BLCK 12 DELETE 61 TITLE Change ST-ZIP Addition ETADDRESS 53 STREET ADDRESS ST-ZIP Change I hereby cartify 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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. | Y-ST-ZIP | | | | | | | | |
| EET ADDRESS 5.3 STREET ADDRESS .ST. ZIP 5.4 CITY-ST-ZIP E DELETE 6.1 TITLE Change 6.2 NAME 6.3 STREET ADDRESS .ST-ZIP 6.4 CITY-ST-ZIP 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. | .E | | | | | | | L] Change | |
| ST-ZIP 54 CITY-ST-ZIP E DELETE 61 TITLE Change 62 NAME 63 STREET ADDRESS .ST-ZIP 1 Inereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. | NE REET ADDRESS | | | | | . 1 | | | |
| 62 NAME 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 1 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 617. Florida Statutes; and that my ame appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. | Y-ST-ZIP | | | | | | · | | |
| 63 STREET ADDRESS ST-ZP 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. | E | | | | | | | | |
| ST-ZP 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 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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. | ME REET ADORESS | | | | | | •• | | |
| indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oam; 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 12 or Block 13 it changed, or on an attachment with an address, with all other like empowered. | Y ST ZIP | | | | | | | | |
| 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. | indicated o | a this annual report or supplement | tal annual rannet is | true and accurs | ate and | that my signati | ire shall have the same ledal effect as if made t | inder oain, inal i | am an |
| $\square \square $ | officer or d | irector of the cornoration or the re- | ceiver or trustee er | moowered to exe | ecute t | his report as rec | quired by Chapter 617, Florida Statutes; and tha | n my name appe | sars in |
| | | | SULUS | igner for | 10 | man | 3/11/199 (213 | VMB3 | -7010 |

ŝ

1 '