FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 12:26

DOCUMENT # 762332 (5)

1. Corporation Name
FLORIDA HOME HEALTH SERVICES-SARASOTA, INC.

Principal Place of Business	Mailing Address
1700 SOUTH TAMIAMI TRAIL SARASOTA FL 34239	1700 SOUTH TAMIAMI TRAIL SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1982
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2189971 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COVERT, MICHAEL H
1700 SOUTH TAMIAMI TRAIL
SARASOTA FL 34239

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	DVC	☒ Change ☐ Addition
NAME	ALBERTSON, DON	1.2 NAME		
STREET ADDRESS	4136 WOODVIEW DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	CD	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	LEE, MARILYNN J	2.2 NAME		
STREET ADDRESS	1354 HARBOR DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	DVC	☒ Change ☐ Addition
NAME	COBB, PHYLLIS	3.2 NAME		
STREET ADDRESS	3239 RAMBLEWOOD DRIVE, N.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE	ATD	4.1 TITLE	DC	☒ Change ☐ Addition
NAME	NASH, RICHARD	4.2 NAME	MOSS, MARTIN	
STREET ADDRESS	1700 S TAMIAMI TRAIL	4.3 STREET ADDRESS	1535 HARBOR PLACE	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	P	5.1 TITLE		☐ Change ☐ Addition
NAME	COVERT, MICHAEL H	5.2 NAME		
STREET ADDRESS	1700 S TAMIAMI TRAIL	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP		
TITLE	VCD	6.1 TITLE	DT	☒ Change ☐ Addition
NAME	WILKIN, SHARON	6.2 NAME	STRASSER, ROBERT K.	
STREET ADDRESS	1833 RAINTREE LANE	6.3 STREET ADDRESS	3810 OAKLEY GREEN	
CITY-ST-ZIP	VENICE FL	6.4 CITY-ST-ZIP	SARASOTA, FL	

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 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.

SIGNATURE: Michael H. Covert 3/31/95 917-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #