SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT 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 JUN 20 AM 8:27

DOCUMENT # 762334 (1)

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

Principal Place of Business	Mailing Address
206 2ND STREET EAST BRADENTON FL 34208-1042	206 2ND STREET EAST BRADENTON FL 34208-1042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1982
3a. Date of Last Report: 06/03/1994
4. FEI Number: 59-2189972 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) County (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

TAGUE, KARL R
206 SECOND STREET E.
BRADENTON FL 34208

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. 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 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 617.0503, 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	T	11 TITLE	D ☐ Change ☒ Addition
NAME	BRYAN, MARK	12 NAME	David K. Deitrich
STREET ADDRESS	206 2ND STREET EAST	13 STREET ADDRESS	206 2nd Street East
CITY-ST-ZIP	BRADENTON FL	14 CITY-ST-ZIP	Bradenton, FL 34208
TITLE	D	21 TITLE	D ☐ Change ☒ Addition
NAME	SMITH, DON	22 NAME	Karl R. Tague
STREET ADDRESS	206 2ND STREET EAST	23 STREET ADDRESS	206 2nd Street East
CITY-ST-ZIP	BRADENTON FL	24 CITY-ST-ZIP	Bradenton, FL 34208
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	RYNERSON, JACK	32 NAME	Please delete:
STREET ADDRESS	206 2ND STREET EAST	33 STREET ADDRESS	Vernon DeSear
CITY-ST-ZIP	BRADENTON FL	34 CITY-ST-ZIP	206 2nd Street East, Bradenton, FL 34208
TITLE	D	41 TITLE	D ☐ Change ☒ Addition
NAME	ISBELL, JUNE	42 NAME	Gerald Wissink
STREET ADDRESS	206 2ND STREET EAST	43 STREET ADDRESS	2224 W. Northern Avenue, Suite D-300
CITY-ST-ZIP	BRADENTON FL	44 CITY-ST-ZIP	Phoenix, AZ 85021
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DESEAR, VERNON JR	52 NAME	
STREET ADDRESS	206 2ND STREET EAST	53 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	ZACK, ROBERT	62 NAME	
STREET ADDRESS	206 2ND STREET EAST	63 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(k), 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: Robert A. Zack 6-8-95 813-745-7369
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT A. ZACK

0018558