FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001309 (3)

1. Corporation Name
INNOVATIVE HOMECARE, INC.

Principal Place of Business	Mailing Address
1101 GULF BREEZE PKWY. SUITE 108 GULF BREEZE FL	1101 GULF BREEZE PKWY. SUITE 108 GULF BREEZE FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/15/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 826 Creighton Road	26 826 Creighton Road
Suite, Apt. #, etc. 22 A102	Suite, Apt. #, etc. 27 A102
City & State 23 Pensacola, FL	City & State 28 Pensacola, FL
Zip / Country 24 32504 / 25 USA	Zip / Country 29 32504 / 30 USA

4. FEI Number: 76-0280551 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., SUITE 105
TALLAHASSEE FL 32301

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	PC	1.1 TITLE	President & CEO	☒ Change ☐ Addition
NAME	FISHER, MARK H	1.2 NAME	Mark H. Fisher	
STREET ADDRESS	1110 N. POST OAK RD., #140	1.3 STREET ADDRESS	One Riverway #2300	
CITY-ST-ZIP	HOUSTON TX 77055	1.4 CITY-ST-ZIP	Houston, TX 77056	
TITLE	VD	2.1 TITLE	Executive Vice President	☒ Change ☐ Addition
NAME	KALED, THOMAS J	2.2 NAME	Thomas J. Kaled	
STREET ADDRESS	1110 N. POST OAK RD., #140	2.3 STREET ADDRESS	One Riverway #2300	
CITY-ST-ZIP	HOUSTON TX 77055	2.4 CITY-ST-ZIP	Houston, TX 77056	
TITLE	S	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	JOHNSTON, DOUGLAS	3.2 NAME	Douglas S. Johnston	
STREET ADDRESS	1110 N. POST OAK RD., #140	3.3 STREET ADDRESS	One Riverway #2300	
CITY-ST-ZIP	HOUSTON TX 77055	3.4 CITY-ST-ZIP	Houston, TX 77056	
TITLE	T	4.1 TITLE	Chief Financial Officer	☒ Change ☐ Addition
NAME	HORN, DAVID C	4.2 NAME	David C. Horn	
STREET ADDRESS	1110 N. POST OAK RD., #140	4.3 STREET ADDRESS	One Riverway #2300	
CITY-ST-ZIP	HOUSTON TX 77055	4.4 CITY-ST-ZIP	Houston, TX 77056	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	CAMPOS, LUIS T MD	5.2 NAME		
STREET ADDRESS	920 FROSTWOOD, #780	5.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77024	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	Controller	☐ Change ☒ Addition
NAME		6.2 NAME	Roger S. Huntington	
STREET ADDRESS		6.3 STREET ADDRESS	One Riverway #2300	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Houston, TX 77056	SCC 5-1-95

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-7-95 713/590-2505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Roger S. Huntington

CP