FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # F95000003367 (8)

1. Corporation Name
CARING QPERATIONS REGISTRY, INC. (NAME CHANGED TO CARING OPERATIONS HOME HEALTH CARE AGENCY, INC UPON RECOMMENDATION BY FLORIDA STATE BOARD OF HEALTH.

Principal Place of Business
~~1401 AVENUE J~~ 507 Royal Palm Beach Blvd.
~~BROOKLYN NY 11234~~ Royal Palm Beach Florida, 33411 — ADDRESS INDICATES BOTH PLACE OF BUSINESS AND MAILING!

Mailing Address
~~1401 AVENUE J~~
~~BROOKLYN NY 11234~~

3. Date Incorporated or Qualified: 07/13/1995
3a. Date of Last Report: HOME ISSUED
FEI Number: 11-2991144 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 Palm Beach Blvd.
Suite ~~Apt. #, etc.~~ C&D.
22 Royal Palm Beach
City & State
23 Florida
Zip 24 33411
Country 25 Palm Beach

2a. Mailing Address 507 Royal Palm Beach Blvd.
26 Royal Palm Beach, FL.
Suite, Apt. #, etc. 27 C&D.
City & State 28 Florida, 33411
Zip 29
Country 30 Palm Beach

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

FINE, HERBERT L ESQ
507 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name: S. HUBERT JACK (EXEC. V.P.)
82 Street Address (P.O. Box Number is Not Acceptable): SUITES C&D, 507 ROYAL PALM BEACH BLVD.
83
84 City: Royal Palm Beach, FL 85 Zip Code: 33411

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: S. HUBERT JACK (EXEC. V.P.) DATE: FEB. 07, '96
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent Signature Required for Reinstatement)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP JACK, NORMA A R.N. 4404 AVENUE J BROOKLYN NY 11234	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	OFFICE MANAGER (D) SUN, XIUPING. 1386 WHITE PINE DRIVE WELLINGTON, FL; 33414	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCV JACK, S. HUBERT 4404 AVENUE J BROOKLYN NY 11234	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNKLEY, EILEEN 2549 STRANG AVE BRONX NY 10469	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNKLEY, BALFOUR 2549 STRANG AVE BRONX NY 10469	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RYNECKI, BEATRICE 7002 AVENUE L BROOKLYN NY 11234	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOTTLIEB, HELEN 200 E. 18TH ST BROOKLYN NY 11226	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	600001746486 -03/18/96--01034--001 ***208.75	☐ Change ☐ Addition

CR2E034 (12/95)

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

FAX. 407-798-3042

SIGNATURE: (EXEC V.P.) FEBRUARY 07, 96 407-798-9033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

pm 3-18-96