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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 13 PM 3:16

DOCUMENT # **G01612** **(2)**

1. Corporation Name
I.V. HOME CARE SPECIALISTS, INC.

Principal Place of Business
% WARREN A. PHILLIPS
502 NORTH MACARTHUR AVE.
PANAMA CITY FL 32401

Mailing Address
% WARREN A. PHILLIPS
502 NORTH MACARTHUR AVE.
PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/27/1982
3a. Date of Last Report: 04/11/1994

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

4. FEI Number: 59-2227325 — 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
PHILLIPS, WARREN A.
502 NORTH MACARTHUR AVE., STE. A
PANAMA CITY FL 32401

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 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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, RONALD O	1.2 NAME	
STREET ADDRESS	2349 CINCINNATI	1.3 STREET ADDRESS	
CITY ST ZIP	PANAMA CITY, FL 00000	1.4 CITY ST ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, WARREN A	2.2 NAME	
STREET ADDRESS	1000 SUNSET LN	2.3 STREET ADDRESS	
CITY ST ZIP	LYNN HAVEN, FL 00000	2.4 CITY ST ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, DENISE L	3.2 NAME	
STREET ADDRESS	1000 SUNSET LANE	3.3 STREET ADDRESS	
CITY ST ZIP	LYNN HAVEN, FL 00000	3.4 CITY ST ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	SAULS, DENNIS L	4.2 NAME	
STREET ADDRESS	2830 LONG LEAF	4.3 STREET ADDRESS	
CITY ST ZIP	PANAMA CITY FL	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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.

SIGNATURE: [signature] WARREN A. PHILLIPS 3-23-95 (904) 763-6861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000181 CP