FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

ELORIDA DEPARTMENT OF STATE

PROFIT

SIGNATURE

Feb 24 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G10322 (7) REGENCY HOME HEALTH SERVICES, INC. Principal Place of Business Mailing Address % ABRAHAM A. GALBUT, ESQ. % ARRAHAM A. GALBUT, ESO 999 WASHINGTON AVENUE 999 WASHINGTON AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2232667 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. ☐ Yes 30 24 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GALBUT, ABRAHAM A., ESQ. 999 WASHINGTON AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 83 **B4** City Zip Code 85 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 (NOTE Registered Agent signature required when reinstating) Signature, typical or prictical cares of trojeta roding of real title it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 🔲 DELLTE Change Addition THILE PST 111111 GALBUT, RUSSELL W. NAME 1.2 NAME 999 WASHINGTON AVENUE STREET ADORESS 1.3 STREET ADDRESS MIAMI BEACH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DUETE Change Addition 21 TITLE TITLE GALBUT, RUSSELL W. NAME 22 NAME 999 WASHINGTON AVENUE STREET ADDRESS 23 STREFT ADDRESS MIAMI BEACH FL CITY-ST-ZIP 2 4 CITY- \$1-ZIP DETERM 3 1 10 LE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition 4 1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZiP 4.4 City-St-ZiP DELETE Change Addition 51 TITLE TITLE 52 NAME NAMI 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-S1-ZIP DELFTE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-S1-ZIP CITY-ST-78 14. Thereby certify that the information supplied with this filing 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 eath; that I am an officer or director of the conjugation or the receiver or trustee phipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of chapter 607, or or an after hypothyling or or an after hypothyling or or an after hypothyling and construction.

FILED

(305)672-3100