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 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G73089 (6)

1. Corporation Name
NORRELL HOME HEALTH SERVICES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3535 PIEDMONT RD., N.E. ATLANTA GA 30305	3535 PIEDMONT RD., N.E. ATLANTA GA 30305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1542338 — 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. The corporation has satisfied the intangible tax under S. 199.052 Florida Statutes. [✓] Yes [ ] No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	AT	TITLE	A/S [ ] Change [ ] Addition
NAME	MARMON, MARK	NAME	Kathy P. Golden
STREET ADDRESS	3535 PIEDMONT RD NE	STREET ADDRESS	3535 Piedmont Rd NE
CITY-ST-ZIP	ATLANTA GA	CITY-ST-ZIP	Atlanta Ga 30305
TITLE	T	TITLE	[ ] Change [ ] Addition
NAME	BRYAN, LARRY J.	NAME	
STREET ADDRESS	1580 LAZY RIVER LANE	STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA	CITY-ST-ZIP	
TITLE	VAS	TITLE	[ ] Change [ ] Addition
NAME	BRYAN, LARRY J.	NAME	
STREET ADDRESS	1580 LAZY RIVER LANE	STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA	CITY-ST-ZIP	
TITLE	P	TITLE	[ ] Change [ ] Addition
NAME	MILLER, C. DOUGLAS	NAME	
STREET ADDRESS	530 BROOK HOLLOW DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MARRIETTA GA	CITY-ST-ZIP	
TITLE	CD	TITLE	[ ] Change [ ] Addition
NAME	MILLNER, GUY W.	NAME	
STREET ADDRESS	3303 CHATHAM ROAD NW	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	CITY-ST-ZIP	
TITLE	S	TITLE	[ ] Change [ ] Addition
NAME	HAIN, MARK	NAME	
STREET ADDRESS	3535 PEIDMONT RD., N.E.	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	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(1)(a), 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: Kathy J. Cole — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/25/95 — (404) 240-3651

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