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 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H33331 (0)

1. Corporation Name
HOME HEALTH CARE SERVICES, INC.

Principal Place of Business
633 E. COLONIAL DRIVE
ORLANDO FL 32803

Mailing Address
633 E. COLONIAL DRIVE
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2603012 — 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

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
ADAMS, N. LOIS
633 E COLONIAL DR
ORLANDO FL 32803

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 Sec. 607.0505, Florida Statutes.

SIGNATURE: [signature] 5/1/95
Signature, Typed or Printed Name of Registered Agent and Title if Applicable — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	☐ Change ☐ Addition
NAME	ADAMS, N. LOIS	
STREET ADDRESS	633 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ Change ☐ Addition
NAME	MURRAY, LOUIS C.	
STREET ADDRESS	633 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ Change ☐ Addition
NAME	SCHULER, THOMAS L	
STREET ADDRESS	633 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	~~VDT~~	☒ Change ☐ Addition
NAME	~~NEWHARD, MARY ETTA~~	NO LONGER AN OFFICER:
STREET ADDRESS	~~633 E COLONIAL DR~~	NEWHARD, MARY ETTA
CITY-ST-ZIP	~~ORLANDO FL~~	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I the undersigned, 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 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] 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064154 CP