SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: 12/11/1984
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

9. Name and Address of Current Registered Agent
PEARLMAN, CRAIG S. ESQUIRE
201 S. ORANGE AVENUE
SUITE 900
ORLANDO FL 32801

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
Signature, typed or printed name of registered agent and title, if appl. state (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	ADAMS, N. LOIS	
STREET ADDRESS	633 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ DELETE
NAME	MURRAY, LOUIS C.	
STREET ADDRESS	633 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ DELETE
NAME	SCHULER, THOMAS L	
STREET ADDRESS	633 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Asst. Sec'y	☐ Change ☒ Addition
1.2 NAME	Meryl Goldberg	
1.3 STREET ADDRESS	633 E. Colonial Dr	
1.4 CITY-ST-ZIP	Orlando FL 32803	
2.1 TITLE	Director	☐ Change ☒ Addition
2.2 NAME	Brenda deTreville	
2.3 STREET ADDRESS	633 E. Colonial Dr	
2.4 CITY-ST-ZIP	Orlando FL 32803	
3.1 TITLE	Director	☐ Change ☒ Addition
3.2 NAME	Sandra Newman	
3.3 STREET ADDRESS	633 E. Colonial Dr.	
3.4 CITY-ST-ZIP	Orlando FL 32803	
4.1 TITLE	Joseph Feith, Dir.	☐ Change ☒ Addition
4.2 NAME	12003 Bullfrog Ct	
4.3 STREET ADDRESS	Orlando FL 32828	
4.4 CITY-ST-ZIP		
5.1 TITLE	James Ingersoll, Dir.	☐ Change ☒ Addition
5.2 NAME	4037 Conway Pl. Circ.	
5.3 STREET ADDRESS	Orlando FL 32812	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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

SIGNATURE: [signature] 7/25/96 (407) 898-4427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #