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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # H58356 (7)

1. Corporation Name
HOSPITALS' HOME HEALTH CARE OF HILLSBOROUGH COUN TY, INC.

Principal Place of Business	Mailing Address
3003 DR. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607	ATTN BIEBEL, JOHN 3003 DR. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607 US

3. Date Incorporated or Qualified: 05/22/1985
3a. Date of Last Report: 05/01/1996

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

4. FEI Number: 59-2536879 ☐ 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

BIEBEL, JOHN
3003 W. MARTIN L. KING JR. BLVD
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name: Mallah, Isaac
82 Street Address (P.O. Box Number is Not Acceptable): 3003 W. Dr. M.L.K., Jr., Blvd.
83
84 City: Tampa, FL 85 Zip Code: 33607

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BIEBEL, JOHN		1.2 NAME	
STREET ADDRESS	3003 MLK JR. BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MAWN, THOMAS M.D.		2.2 NAME	
STREET ADDRESS	4710 N. HABANA AVE., SUITE 400		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MALLAH, ISAAC		3.2 NAME	
STREET ADDRESS	3003 MLK JR. BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	EDGERTON, BRUCE M.D.		4.2 NAME	
STREET ADDRESS	2706 W. DR. M.L.K. JR. BLVD., SUITE A		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		4.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, CHARLES		5.2 NAME	
STREET ADDRESS	3003 MLK JR BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		5.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CASTEOOLANO, NORMAN M.D.		6.2 NAME	
STREET ADDRESS	2727 W. DR. M.L.K. JR. BLVD., STE 600		6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby 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 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: