FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # H83045

1. Corporation Name

Advanced Home Health Care of NorthWest Florida,Inc.
417 Racetrack Rd Suite E

Principal Place of Business: 417 Racetrack Rd Suite E, Ft Walton Bch Fl 32547
Mailing Address: Same

3. Date Incorporated or Qualified: 11-1-1985
3a. Date of Last Report: 4-95

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: 592609780 ☐ 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

Foster,William Scott
909 MarWalt Drive
Suite 1014
Ft WaltonBCh FL 32548

10. Name and Address of New Registered Agent

81 Name: Steven P. Espy
82 Street Address (P.O. Box Number is Not Acceptable): 417 Racetrack Rd Suite E
83 Ft Walton Bch fl
84 City: Ft. Walton Bch FL 85 Zip Code: 32547

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] 4-12-96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

Title	Name / Street Address / City-St-Zip	
D	Mark Ehrman 470 Totten Pond Rd Waltham MA 02154	☐ DELETE
D/P	Espy, Steven P. 417 Racetrack Rd Suite E Ft Walton Bch Fl 32547	☐ DELETE
D	White, Ronald 2349 Cincinnati Ave Panama City Fl	☐ DELETE
D	Phillips,Warren 1000 Sunset Lane Lynn Haven Fl	☐ DELETE
		☐ DELETE
		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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***200.00

5/1/96

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

SIGNATURE: Steven P. Espy [signature] 4-12-96 904 864 3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)