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

FILED
Jun 18 1996 8:00 am
Secretary of State

DOCUMENT # **H91775** **(7)**

1. Corporation Name

DOCTOR'S HOME HEALTH AGENCY, INC.

Principal Place of Business
1815 E. COMMERCIAL BLVD.
STE 202
FT. LAUD FL 33308
US

Mailing Address
1815 E. COMMERCIAL BLVD.
STE 202
FT. LAUD FL 3330
US

3. Date Incorporated or Qualified: 12/27/1985
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business
21 2631 E.Oakland Pk. Blvd.
Suite, Apt #, etc
22 107
City & State
23 Fort Lauderdale, FL.
Zip
24 33306
Country
25 US

2a. Mailing Address
2631 E. Oakland Pk. Blvd
Suite, Apt #, etc
27 107
City & State
28 Fort Lauderdale, FL.
Zip
29 33306
Country
30 US

4. FEI Number 59-2617296 ☐ 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

DUNN, TIMOTHY R
1815 E. COMMERCIAL BLVD.
SUITE 202
FT. LAUD FL 33308

Dunn,Timothy R.
2631 East Oakland Pk. Blvd
Suite 107
Ft. Laud. FL. 33306

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 R TIMOTHY DUNN [signature] DATE 6-11-96

12. OFFICERS AND DIRECTORS

TITLE	PVST	☑ DELETE
NAME	DUNN, TIMOTHY R	
STREET ADDRESS	1815 E COMMERCIAL BLVD 202	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	Pvst	☐ DELETE
NAME	Dunn, Timothy R.	
STREET ADDRESS	2631 E. Oakland Pk. Blvd # 107	
CITY-ST-ZIP	Fort Lauderdale, FL. 33306	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
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] R. TIMOTHY DUNN 6-11-96 954-563-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Day Time Phone #