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
1995 JAN 20 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J27395 (9)

1. Corporation Name
FELT HOME CARE, INC.

Principal Place of Business	Mailing Address
601 W OAKLAND PARK #16 OAKLAND PARK FL 33311 US	6302 SW 2ND ST MARGATE FL 33068 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1986
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business
21 767 So. State Rd. 7
Suite, Apt. #, etc.
22 Suite 14
City & State
23 Margate, Florida
Zip 24 33068 Country 25

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

4. FEI Number: 59-2712585 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $0.75 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

FELT, ROSELLA
6302 S.W. 2ND STREET
MARGATE FL 33063

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Chairman	☐ Change ☒ Addition
NAME	FELT, ROSELLA	1.2 NAME	Ann Butcher, RN	
STREET ADDRESS	6302 S.W. 2ND STREET	1.3 STREET ADDRESS	7281 SW 1st St.	
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	Margate, Fl. 33068	
TITLE	VPA	2.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN-CULET, CHRISTINE	2.2 NAME		
STREET ADDRESS	6175 SOUTHGATE BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	PINELLI, CHARLES	3.2 NAME		
STREET ADDRESS	2569 CARANBOLA CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SCC 1-24-95	

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)(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: Rosella Felt Rosella Felt 1/17/95 305 978 4694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0111710 CP