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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # K32701

1. Corporation Name

Home Care Assoicates, Inc.

Principal Place of Business	Mailing Address
417 Racetrack Rd Ft Walton Bch Fl 32547	417 Racetrack Rd Ft Walton Bch Fl

2. Principal Place of Business	2a. Mailing Address
21 417 Racetrack Rd	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft Walton Bch Fl	City & State 28
Zip / Country 24 32547 / 25 Okaloosa	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 8-30-88
3a. Date of Last Report: 4-95

4. FEI Number: 59-2910786 ☐ 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 Walton B ch 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
83
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] 5/8/96
Signature of new registered agent (if applicable) (NOTE: Registered Agent's signature required for reinstatement or reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ehrman,Mark 470 Totten Pond Waltham MA ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Espy, Steven P. 417 Racetrack Rd Ft Walton Bch Fl 32547 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sauls,Dennis 2830 Longleaf Panama City Fl ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D White, Ron 2349 Cincinnati Ave Panama City Fl ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 300001829323 -05/20/96--01046--005 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Phillips,Warren 1000 Sunset Lane Lynn Haven Fl ☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition pm 5/10/96

CR2E034 (12/95)

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: [signature] STEVEN P ESPY 4-10-96 904 864 3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #