
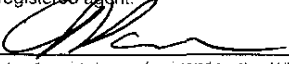


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90678 028 ***150.00

DOCUMENT # K77673 1. Entity Name CHIPOLA HOME HEALTH CARE, INC.			
Principal Place of Business 4303 THIRD AVENUE MARIANNA FL 32446		Mailing Address 4303 THIRD AVENUE MARIANNA FL 32446	
2. Principal Place of Business Suite, Apt. #, etc. 3048 4th ST City & State Marianna, FL Zip 32446		3. Mailing Address Suite, Apt. #, etc. 3048 4th ST City & State Marianna, FL Zip 32446	
Country USA		Country USA	
6. Name and Address of Current Registered Agent PARAMORE, EARL SCOTT 4303 THIRD AVENUE MARIANNA FL 32446		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> E.S. Paramore <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 4/9/04 <small>DATE</small> </div> </div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete PARAMORE, EARL SCOTT 4295 WOODBRIAR ROAD MARIANNA FL 32446	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	ST <input type="checkbox"/> Delete LEWIS, RODNEY ALLEN 7289 SHADY GROVE ROAD GRAND RIDGE FL 32442	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP



MOORE CR2E034 (11/03)

4. FEI Number **59-2951223** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **E.S. Paramore** **4/9/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #