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

DOCUMENT # L33149 (0)

1. Corporation Name
CONSOLIDATED/PAVILION HOME HEALTHCARE, INC.

Principal Place of Business
C/O WILLIAM C. MASON
800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

Mailing Address
C/O WILLIAM C. MASON
800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

2. Principal Place of Business: c/o William C. Mason
21 1301 Riverplace Blvd
Suite, Apt #, etc
22 Suite 1700
City & State
23 Jacksonville, FL
Zip
24 32207
Country
25 USA

2a. Mailing Address: c/o William C. Mason
26 1301 Riverplace Blvd.
Suite, Apt #, etc
27 Suite 1700
City & State
28 Jacksonville, FL
Zip
29 32207
Country
30 USA

3. Date Incorporated or Qualified: 12/01/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2988374 ☐ 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
SMITH HULSEY & BUSEY
1800 FIRST UNION NATIONAL BANK BLDG
225 WATER STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name: Harvey Granger, General Counsel
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd.
83 Suite 1700
84 City: Jacksonville FL 85 Zip Code: 32207

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] Harvey Granger 7-29-96
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	DP	☐ DELETE
NAME	PARRETT, DONALD O.	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	☐ DELETE
NAME	THOMPSON, CAROL C.	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	JOHNSON, CAROLYN	
STREET ADDRESS	800 PRUDENTIAL DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	BURGHARDT, JOSEPH P.	
STREET ADDRESS	836 PRUDENTIAL DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	☐ DELETE
NAME	PERRY, LINDA	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	☐ DELETE
NAME	JACKSON, REBECCA B.	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	

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	D/V	☒ Change ☐ Addition
2.2 NAME	Thompson, Carol C.	
2.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
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	S	☒ Change ☐ Addition
6.2 NAME	Jackson, Rebecca B.	
6.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
6.4 CITY-ST-ZIP	Jacksonville, FL 32207	

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] Rebecca B. Jackson 7-29-96 904/202-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0002719 CP