FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sundra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L33581 (4)

1. Corporation Name
NORTHEAST FLORIDA HOME CARE, INC.

Principal Place of Business	Mailing Address
2580 ATLANTIC BLVD STE. 100 JACKSONVILLE FL 32207 US	2580 ATLANTIC BLVD STE. 100 JACKSONVILLE FL 32207 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/21/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 4070 Boulevard Ctr Dr
22 Suite, Apt. #, etc.: Suite 100
23 City & State: Jacksonville FL
24 Zip: 32207 25 Country: USA

2a. Mailing Address
26: 4070 Boulevard Ctr Dr
27 Suite, Apt. #, etc.: Suite 100
28 City & State: Jacksonville FL
29 Zip: 32207 30 Country: USA

4. FEI Number: 59-2980847 ☐ 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 § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROTHSTEIN, MITCHELL (DR.)
2580 ATLANTIC BLVD
STE. 100
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Alan Miller M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 3275 W. Hillsboro Blvd
83: Suite 210
84 City: Deerfield Beach FL 85 Zip Code: 33442

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] 4/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President	☒ Change ☐ Addition
NAME	ROTHSTEIN (DR.), MITCHELL	1.2 NAME	Maurice Barakat M.D.	
STREET ADDRESS	2580 ATLANTIC BLVD, STE. 100	1.3 STREET ADDRESS	4070 Boulevard Ctr Dr #100	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville FL 32207	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	FULLER, (DR) E	2.2 NAME		
STREET ADDRESS	2580 ATLANTIC BLVD, STE. 100	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	SHARPE (DR), MICHAEL	3.2 NAME		
STREET ADDRESS	2580 ATLANTIC BLVD, STE 100	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	LEE, (DR) H	4.2 NAME		
STREET ADDRESS	2580 ATLANTIC BLVD, STE. 100	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	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		

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] 4/7/95 (904) 399-3505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Maurice Barakat M.D.

001B0M CP