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FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90138 026 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L43205

1. Corporation Name  
IN-HOME HEALTH SERVICES, INC.

Principal Place of Business  
2167 DART AVE  
5  
BELLEAIR BLUFFS FL 33770  
US

Mailing Address  
P.O. BOX 1156  
2167 DART AVE., #5  
LARGO FL 33779  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/12/1990

4. FEI Number  
NOT APPLICABLE

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 100 BLUFF VIEW DR

Suite, Apt. #, etc.

22 117A

City & State

23 BELLEAIR BLUFFS, FL

Zip

24 33770

Country

25 USA

2a. Mailing Address

26 P.O. BOX 1156

Suite, Apt. #, etc.

27 100 BLUFF VIEW DR 117A

City & State

28 LARGO, FL

Zip

29 33779

Country

30 USA

9. Name and Address of Current Registered Agent

DOERING, ELIZABETH M.  
2167 DART AVE., #5  
BELLEAIR BLUFFS FL 33770

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
100 BLUFF VIEW DR.

83 # 117A

84 City  
BELLEAIR BLUFFS

FL

85 Zip Code

33770

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME DOERING, ELIZABETH M.

STREET ADDRESS 2167 DART AVE., #5

CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

TITLE VS ☐ DELETE

NAME DOERING, JEFFREY D

STREET ADDRESS 2530 GARY CIR, #603

CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

100 BLUFF VIEW DR, #117A

BELLEAIR BLUFFS, FL 33770

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

ELIZABETH M. DOERING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 727-586-0308

Daytime Phone #

CR2E034 (11/98)