FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:59

DOCUMENT # L98394 (4)

1. Corporation Name
WESTERN NORTH CAROLINA HOME HEALTHCARE, INC.

Principal Place of Business	Mailing Address
4506 L.B. MCLEOD RD., SUITE F P.O. BOX 53-6576 ORLANDO FL 32811-6576	4506 L.B. MCLEOD RD., SUITE F P.O. BOX 53-6576 ORLANDO FL 32811-6576

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/04/1990
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-3032075 ☐ 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

GRIGGS, STEPHEN, P
4506 L.B. MCLEOD RD., SUITE F
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	KENNEDY, WILLIAM, P	1.2 NAME		
STREET ADDRESS	4506 L.B. MCLEOD RD #F	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	WALKER, WILLIAM, A, II	2.2 NAME		
STREET ADDRESS	250 PARK AVE SOUTH,6TH F	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	PRES/ASST SEC/DIR	☒ Change ☐ Addition
NAME	GRIGGS, STEPHEN, P	3.2 NAME		
STREET ADDRESS	4506 L.B. MCLEOD RD., #F	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	SEC/TREAS/DIR	☒ Change ☐ Addition
NAME	IRISH, REBECCA R.	4.2 NAME		
STREET ADDRESS	4506 L B MECLEOD RD #F	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	WILLIAMS, LEONARD	5.2 NAME		
STREET ADDRESS	P.O. BOX 6845 N/A	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32852	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	WEAVER, JACK T.	6.2 NAME		
STREET ADDRESS	3120 CORRINE DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803	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: Rebecca R Irish 2/4/95 (407) 841-2165
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
REBECCA R IRISH

000741 CP