FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

(1)

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 MAY -1 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00333 (8)

1. Corporation Name
HOME HEALTH AGENCY OF GREATER MIAMI, INC.

Principal Place of Business	Mailing Address
8405 N.W. 53RD ST..A200 MIAMI FL 33166	1200 SO. PINE ISLAND ROAD SUITE 600 ST. LAUDERDALE FL 33324 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1984

2. Principal Place of Business	2a. Mailing Address
21	26 3000 Galleria Tower
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 1000
City & State 23	City & State 28 Birmingham, AL
Zip 24 / Country 25	Zip 29 35244 / Country 30 USA

4. FEI Number: 59-2485762 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD SUITE 250 PLANTATION FL 33324	81 Name: Corporation Service Company 82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street 83 84 City: Tallahassee FL 85 Zip Code: 32301

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. Corporation Service Company

SIGNATURE: Laura R. Dunlap Laura R. Dunlap, as agent 4-30-98
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	V	☐ DELETE	1.1 TITLE	P/D/CEO	☐ Change ☒ Addition
NAME	PRADO, MARTA		1.2 NAME	E. Mac McCall	
STREET ADDRESS	1200 SO PINE ISLAND ROAD STE 600		1.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP	Birmingham, AL 35244	
TITLE	PD	☒ DELETE	2.1 TITLE	V/T/D	☐ Change ☒ Addition
NAME	FINDEISS, CLIFFORD J. M		2.2 NAME	Harold O. Knight, Jr.	
STREET ADDRESS	1200 SO. PINE ISLAND ROAD, SUITE 600		2.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	Birmingham, AL 35244	
TITLE	VD	☒ DELETE	3.1 TITLE	V/S/D	☐ Change ☒ Addition
NAME	MCCLEARY, GEORGE W. J		3.2 NAME	Tracy P. Thrasher	
STREET ADDRESS	1200 SO. PINE ISLAND ROAD, SUITE 600		3.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	Birmingham, AL 35244	
TITLE	T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLANFORD, MARY ANN		4.2 NAME		
STREET ADDRESS	1200 SO. PINE ISLAND ROAD, SUITE 600		4.3 STREET ADDRESS	500002507845--7	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PECK, DAVID C		5.2 NAME		
STREET ADDRESS	1200 S PINE ISLAND ROAD, SUITE 600		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	POBGEE, TOM		6.2 NAME		
STREET ADDRESS	1200 SO PINE ISLAND RD STE 600		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		6.4 CITY-ST-ZIP		

10
5/1/98

CR2E034 (10/97)

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.

SIGNATURE: Tracy P. Thrasher V/S/D 4-30-98 205-733-8996

(2)

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : ~~802968~~ ~~4390339~~

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 150.00

ORDER DATE : April 30, 1998

ORDER TIME : 10:26 AM

ORDER NO. : 802968

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber
Medpartners, Inc.
3000 Riverchase
Galleria Tower / Ste. 1000
Birmingham, AL 35244

ANNUAL REPORT

NAME: HOME HEALTH AGENCY OF
GREATER MIAMI, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Lynette Coleman

RECEIVED
98 MAY -1 AM 11:22
DIVISION OF CORPORATION