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

APPROVED AND FILED
95 MAY -1 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M77578 (6)

1. Corporation Name
NURSE WORLD HOME HEALTH AGENCY, INC.

Principal Place of Business	Mailing Address
3535 PIEDMONT RD. N.E. ATLANTA GA 30305	3535 PIEDMONT RD. N.E. ATLANTA GA 30305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1983821 — 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

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	AT	TITLE	A/S
NAME	MARMON, MARK	NAME	Kathy J. Coldren
STREET ADDRESS	3535 PIEDMONT RD NE	STREET ADDRESS	3535 Piedmont Rd NE
CITY-ST-ZIP	ALTANTA GA	CITY-ST-ZIP	Atlanta Ga 30305
TITLE	T	TITLE	
NAME	BYAN, LARRY J.	NAME	
STREET ADDRESS	1580 LAZY RIVER LANE	STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA	CITY-ST-ZIP	
TITLE	VS	TITLE	
NAME	BRYAN, LARRY J.	NAME	
STREET ADDRESS	1580 LAZY RIVER LANE	STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	DE STEFANIS, JOHN	NAME	
STREET ADDRESS	3535 PIEDMONT RD NE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MILLNER, GUY	NAME	
STREET ADDRESS	3303 CHATHAM RD., N.W.	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Kathy J. Cold[illegible] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 — Date

(404) [illegible]40-3651 — Daytime Phone #

0003102 CP