2002 UNIFORM BUSINESS REPORT (UBR)

FILED
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Secretary of State

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Entity Name: FAMILY SERVICE HOME HEALTH, INC.

Current Principal Place of Business:

2960 ROOSEVELT BLVD
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

2960 ROOSEVELT BLVD
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-3651125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIBSON WISE, SUZANNE
2960 ROOSEVELT BLVD
CLEARWATER, FL 33760

Name and Address of New Registered Agent:

KIRK, DAVID
2960 ROOSEVELT BLVD
CLEARWATER, FL 33760

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID KIRK 04/22/2002
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BRENNAN, MARY
Address: 5827 72ND AVE N
City-St-Zip: PINELLAS PARK, FL 33781

Title: D ( ) Delete
Name: GREENE, MARCUS W
Address: 8461 125TH CT N
City-St-Zip: SEMINOLE, FL 33776

Title: D ( ) Delete
Name: DRAUGHON, WALTER D III
Address: 1900 GANDY BLVD N
City-St-Zip: ST PETERSBURG, FL 33715

Title: D ( ) Delete
Name: HALL, JUDY A
Address: 370 PINELLAS BAYWAY #H
City-St-Zip: TIERRA VERDE, FL 33715

Title: D (X) Delete
Name: HAYWARD, BETTY
Address: 5234 DR M L KING ST S
City-St-Zip: ST PETERSBURG, FL 33705

Title: D (X) Delete
Name: JACKSON, DORETHA S
Address: 1015 10TH AVE N
City-St-Zip: ST PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: MARCIA, ALBANESE
Address: POST OFFICE BOX 210
City-St-Zip: CLEARWATER, FL 33757

Title: D/V (X) Change ( ) Addition
Name: KASSON, HOWARD L
Address: 2519 MCMULLEN BOOTH ROAD #510
City-St-Zip: CLEARWATER, FL 33761

Title: D/ST (X) Change ( ) Addition
Name: HAYWARD, BETTY
Address: 5234 DR. MLKING STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D (X) Change ( ) Addition
Name: SKALSKI, JOSEPH C
Address: POST OFFICE BOX 17799
City-St-Zip: CLEARWATER, FL 33762

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA ALBANESE P 04/22/2002
Electronic Signature of Signing Officer or Director — Date