FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 JUN 19 AM 11:34

DOCUMENT # N14356 (2)

1. Corporation Name
ORLANDO REGIONAL HOME HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
601 W. MICHIGAN P.O.BOX 2854 ORLANDO FL 32806 US	POST OFFICE BOX 568828 P.O.BOX 2854 Delete ORLANDO FL 32856-8828 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2650556 ☐ Applied For ☐ Not Applicable

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

2a. Mailing Address — 26: Post office Box 568828
Suite, Apt. #, etc. — 27:
City & State — 28: Orlando, FL
Zip — 29: 32856-9917 Country — 30: USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EVANS, DAVID L.
225 E. ROBINSON ST.,STE.600
ORLANDO FL 32802-9854

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 _____ (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	PD	11 TITLE	D	☐ Change ☒ Addition
NAME	BICE, STEVEN C	12 NAME	Paul Goldstein	
STREET ADDRESS	601 W MICHIGAN ST	13 STREET ADDRESS	1414 S. Kuhl Avenue	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, FL 32805	
TITLE	SD	21 TITLE	D	☐ Change ☒ Addition
NAME	RUDLOFF, BETH	22 NAME	Joan Knight	
STREET ADDRESS	601 W MICHIGAN ST	23 STREET ADDRESS	1414 S. Kuhl Avenue	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, FL 32805	
TITLE	T	31 TITLE		☐ Change ☒ Addition
NAME	THOMSON, JENNIFER	32 NAME	Nancy Smith	
STREET ADDRESS	601 W MICHIGAN ST	33 STREET ADDRESS	2301 Lucien Way, Ste 440	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Maitland, FL 32751	
TITLE	CD	41 TITLE	D	☐ Change ☒ Addition
NAME	WRIGHT, R.ROY	42 NAME	Mary Porterfield	
STREET ADDRESS	1414 S KUHL AVENUE	43 STREET ADDRESS	1414 S. Kuhl Avenue	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	Orlando, FL 32805	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	REED, SUE	52 NAME		
STREET ADDRESS	1414 S. KUHL AVENUE	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	JAGGER, DILYS	62 NAME		
STREET ADDRESS	1414 S. KUHL AVENUE	63 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jennifer W. Thomson (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
Jennifer W. Thomson
May 22, 1995 (Date) (407)237-4343 (Area Code & Daytime Phone Number)

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