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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:52

DOCUMENT # N22334 (9)

1. Corporation Name
HALIFAX HOME HEALTH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
303 NORTH CLYDE MORRIS BLVD. ATTN: GENERAL COUNSEL DAYTONA BEACH FL 32114-3405	303 NORTH CLYDE MORRIS BLVD. ATTN: GENERAL COUNSEL DAYTONA BEACH FL 32114-3405

3. Date Incorporated or Qualified: 09/02/1987
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-2434422 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DAVIDSON, DAVID J.
303 NORTH CLYDE MORRIS BLVD.
ATTN: GENERAL COUNSEL
DAYTONA BEACH FL 32114

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	☐ Change ☐ Addition
NAME	MCDONALD, REBECCA	1.2 NAME	
STREET ADDRESS	3051 S ATLANTIC AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH SHRES FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, TYREE F, JR	2.2 NAME	
STREET ADDRESS	7 CIRCLE OAKS TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	2.4 CITY-ST-ZIP	
TITLE	DC	3.1 TITLE	☐ Change ☐ Addition
NAME	COVINGTON, SYLVESTER	3.2 NAME	
STREET ADDRESS	P. O. BOX 2811 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	FAVIS, GREGORY	4.2 NAME	
STREET ADDRESS	173 UNIVERSITY CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	4.4 CITY-ST-ZIP	
TITLE	DST	5.1 TITLE	☐ Change ☐ Addition
NAME	HEVERIN, EDWARD J	5.2 NAME	
STREET ADDRESS	2 WINDSOR DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH, FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rebecca McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000360