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

APPROVED AND FILED

95 MAY -1 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # N22334 (9)

1. Corporation Name

HALIFAX HOME HEALTH, INC.

Principal Place of Business	Mailing Address
303 N Clyde Morris Blvd Attn: General Counsel Daytona Beach, FL 32114-3405	303 N Clyde Morris Blvd Attn: General Counsel Daytona Beach, FL 32114-3405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1987
3a. Date of Last Report: 03/19/1994
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 (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / County (30)

9. Name and Address of Current Registered Agent

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

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. SEE ATTACHED OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, REBECCA	12 NAME	300001483673
STREET ADDRESS	3051 S ATLANTIC AVE	13 STREET ADDRESS	-05/11/95--01017--003
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WILSON, TYREE F, JR	22 NAME	
STREET ADDRESS	7 CIRCLE OAKS TRAIL	23 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL	24 CITY-ST-ZIP	
TITLE	D/C	31 TITLE	☐ Change ☐ Addition
NAME	SYLVESTER COVINGTON	32 NAME	
STREET ADDRESS	663 MADISON AVE	33 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FAVIS, GREGORY	42 NAME	
STREET ADDRESS	173 UNIVERSITY CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL	44 CITY-ST-ZIP	
TITLE	D/S/T	51 TITLE	☐ Change ☐ Addition
NAME	HEVERIN, EDWARD J	52 NAME	
STREET ADDRESS	2 WINDSOR DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	REAMES, BERT L.	62 NAME	
STREET ADDRESS	183 WINDWARD CIRCLE	63 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, 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: Edward J. Heverin 4/20/95 Edward J. Heverin, Secretary (904)254-4278
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

CORPORATION ANNUAL REPORT - 1995
HALIFAX HOME HEALTH, INC.

ADDENDUM TO SECTION 12

D	REES, RON R.	2906 RIVERPOINT DR	DAYTONA BEACH, FL
D	MEEK, WILLIAM, MD	101 LIVE OAK LANE	ALTAMONTE SPRINGS, FL