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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N22334 (9)

1. Corporation Name

HALIFAX HOME HEALTH, INC.

Principal Place of Business	Mailing Address
303 NORTH CLYDE MORRIS BLVD. ATTEN: GENERAL COUNSEL DAYTONA BEACH FL 32114 US	303 NORTH CLYDE MORRIS BLVD. ATTEN: GENERAL COUNSEL DAYTONA BEACH FL 32114 US

3. Date Incorporated or Qualified: 09/02/1987

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 24 / Country 25	Zip 29 / Country 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. see attached OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	TRAVATO, ANTHONY	1.2 NAME	TROVATO, ANTHONY
STREET ADDRESS	3800 WOOD BRIAR TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	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 ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	COVINGTON, SYLVESTER	3.2 NAME	
STREET ADDRESS	1200 INTERNATIONAL SPEEDWAY BLVD	3.3 STREET ADDRESS	633 Madison Avenue
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	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 ☐ DELETE	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	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	REAMES, BERT L	6.2 NAME	
STREET ADDRESS	183 WINDWARD CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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, Treas (904)254-4278

CORPORATION ANNUAL REPORT - 1998

HALIFAX HOME HEALTH, INC.

ADDENDUM TO SECTION 12

12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO SEC. 12		CHANGE/ ADDITION
TITLE	D		TITLE		
NAME	REES, RON R.		NAME		
ADDRESS	2609 RIVERPOINT DR.		ADDRESS		
CITY/ST/ZIP	DAYTONA BEACH, FL		CITY/ST/ZIP		
TITLE	D		TITLE		
NAME	MEEK, WILLIAM, M.D.		NAME		
ADDRESS	101 LIVE OAK LANE		ADDRESS		
CITY/ST/ZIP	ALTAMONTE SPRINGS, FL		CITY/ST/ZIP		