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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22334

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

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

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

4. FEI Number: 59-2434422 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TROVATO, ANTHONY		1.2 NAME		
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	633 MADISON AVE		3.3 STREET ADDRESS		
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		

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, with all other like empowered.

SIGNATURE: Edward J. Heverin REQUIRED — Edward J. Heverin — 904-254-4278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1/1/98)

254323-900445
N22334

CORPORATION ANNUAL REPORT - 1999

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		