

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northerm Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25031 (8) 1. Corporation Name HOME HEALTH PROFESSIONAL SERVICES, INC.

Principal Place of Business 600 EAST DIXIE AVE. LEESBURG FL 34748	Mailing Address 600 EAST DIXIE AVE. LEESBURG FL 34748
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

ROBUCK, H D, JR, ESQ 610 E MAIN STREET LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 02/25/1988	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2873772	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	

10. Name and Address of New Registered Agent

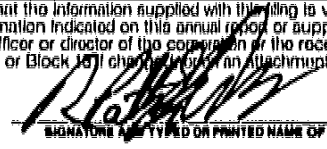
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TURNER, ROBERT J. 600 E DIXIE AVE LEESBURG FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD Giffin, James R. 600 E. Dixie Avenue Leesburg, FL 34748 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC ENTORF, RICHARD C 1648 LOVES PT DR LEESBURG FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	CD Williams, James A. 501 W. Meadows Street Leesburg, FL 34748 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MCCONNELL, R. PATTON 6640 WOODY COURT LEESBURG FL 34748	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	 ☐ Change ☐ Addition

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 110.07(3)(h), 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, checked under an attachment with an address.

SIGNATURE:  **R. Patton McConnell** 3/24/94 904-323-5001

Signature of Officer or Director Date Daytime Phone #
Secretary/Treasurer