FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

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

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N31504** **(6)**

1. Corporation Name

FOUNDATION HOME HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
315 SE 7TH STREET SUITE 301 FT. LAUDERDALE FL 33301 US	315 SE 7TH STREET SUITE 301 FT. LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0111966 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, GARRY TRIPP, SCOTT, CONKLIN & SMITH 110 S.E. 6TH ST., 28TH FLOOR FORT LAUDERDALE FL 33301	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 mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	CPD ☒ Change ☐ Addition
NAME	LWIN, SEIN, M.D.	12 NAME	Thomas Shea
STREET ADDRESS	300 S.E. 17TH STREET	13 STREET ADDRESS	2101 W. Commercial Blvd. Ste 2000
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	Ftlaud. FL
TITLE	TD	21 TITLE	VD ☐ Change ☐ Addition
NAME	SHEA, THOMAS H.	22 NAME	Andrea d.b Greene
STREET ADDRESS	2101 W. COMMERCIAL BLVD., SUITE 2000	23 STREET ADDRESS	315 SE 7th Street
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	Ft Laud. FL 33301
TITLE	VC	31 TITLE	TD ☐ Change ☐ Addition
NAME	NAVARRO, SHARRON W.	32 NAME	Ramon Rodriguez
STREET ADDRESS	3100 E. COMMERCIAL BLVD.	33 STREET ADDRESS	7080 NW 4th Street
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP	Ftlaud FL
TITLE	CP	41 TITLE	SD ☐ Change ☐ Addition
NAME	MORGAN, WALTER	42 NAME	Sein Lwin MD
STREET ADDRESS	315 NE 3RD AVE., SUITE 200	43 STREET ADDRESS	300 SW 17th St.
CITY-ST-ZIP	FT. LAUDERDALE FL	44 CITY-ST-ZIP	Ftlaud. FL
TITLE	D	51 TITLE	D ☐ Change ☐ Addition
NAME	STULL, RICHARD J.	52 NAME	Marilyn Dickinson
STREET ADDRESS	303 SE 17TH STREET	53 STREET ADDRESS	1816 SE 6th Street
CITY-ST-ZIP	FT. LAUDERDALE FL	54 CITY-ST-ZIP	Ft. Laud FL
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: _____ 5-1-95 _____ 305 620 8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0009439