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 MAR 10 PM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39767 (1)

1. Corporation Name
SUNBELT HOME HEALTH CARE, INC.

Principal Place of Business	Mailing Address
2400 BEDFORD ROAD ORLANDO FL 32803	2400 BEDFORD ROAD ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1990
3a. Date of Last Report: 02/18/1994
4. FEI Number: 65-0211400 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

TRIMBLE, TAMARA L.
2400 BEDFORD ROAD
ORLANDO FL 32803

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. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	WEISS, TITO	1.2 NAME	Blom, LaDonna	
STREET ADDRESS	212 SPRINGSIDE DR.	1.3 STREET ADDRESS	5600 Bee Ridge Road, Suite 201	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	Sarasota, FL 34233	
TITLE	D	2.1 TITLE	S,T, D	☐ Change ☒ Addition
NAME	WIESE, CALVIN	2.2 NAME	Davis, Gregg	
STREET ADDRESS	1266 TIMBERLAND TRAIL	2.3 STREET ADDRESS	5600 Bee Ridge Road, Suite 201	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	Sarasota, FL 34233	
TITLE	DV	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BLAIR, MARDIAN J.	3.2 NAME	Blair, Mardian J.	
STREET ADDRESS	2400 BEDFORD ROAD	3.3 STREET ADDRESS	2400 Bedford Road	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32803	
TITLE		4.1 TITLE	AS	☐ Change ☒ Addition
NAME		4.2 NAME	Skilton, Gary	
STREET ADDRESS		4.3 STREET ADDRESS	2400 Bedford Road	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, FL 32803	
TITLE		5.1 TITLE	AS	☐ Change ☒ Addition
NAME		5.2 NAME	Block, L. Mark	
STREET ADDRESS		5.3 STREET ADDRESS	2400 Bedford Road	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32803	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: ✓ L Mark Block February 2, 1995 407-897-5509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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