

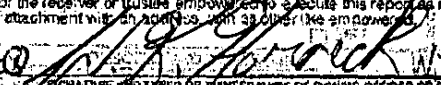
AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 27 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000098117			
1. Entity Name HOME COMPANION SERVICES OF FLORIDA, INC.			
Principal Place of Business 400 SOUTH FEDERAL HWY SUITE 412 BOYNTON BEACH, FL 33435		Mailing Address 400 SOUTH FEDERAL HWY SUITE 412 BOYNTON BEACH, FL 33435	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1148400		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HORNECK, WILLIAM 400 SOUTH FEDERAL HWY SUITE 412 BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typewritten or printed name of registered agent and fee if applicable		DATE _____ (NOTE: Registered Agent's signature is required when it is changing)	
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2003	
TITLE ☐ Delete NAME HORNECK, WILLIAM STREET ADDRESS 1100 SOUTH FEDERAL HIGHWAY CITY-STATE-ZIP BOYNTON BEACH, FL 33435	TITLE ☒ Change ☐ Addition NAME William K Horneck STREET ADDRESS 400 South Federal Highway, Suite 412 CITY-STATE-ZIP Boynton Beach, FL 33435	TITLE ☐ Change ☒ Addition NAME President, Director NAME Edward A. Scher STREET ADDRESS 400 South Federal Highway, Suite 412 CITY-STATE-ZIP Boynton Beach, FL 33435	
TITLE ☐ Delete NAME STREET ADDRESS CITY-STATE-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP	800020418308 06/03/03--01018--020 ***61.25	
TITLE ☐ Delete NAME STREET ADDRESS CITY-STATE-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP		
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TITLE ☐ Delete NAME STREET ADDRESS CITY-STATE-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 5/6/03 (561) 735-3500 Daytime Phone #	

CEREC34 (10/02)