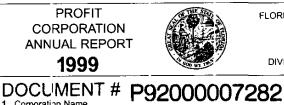
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

HOME CARE NETWORK, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90174 032 ***150.00



|--|--|

Principal Place of Business Mailing Address 6259 HINES HILL CIRCLE 6289 HINES HILL CIRCLE TALLAHASSEI: FL 32312 TALLAHASSEE FL 32312 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualifed 11/24/1992 4. FEI Nur iber Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-3154679 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State- ----City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 NW 16TH ST FT LAUDERDALE FL 33311 83 Zip Ccde 84 85 City 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1 1 DTLF TITLE CODY BURCHAM, KATHLEEN 1.2 NAME NAME 6259 HINES HILL CIRCLE 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP - Addition Change -DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRE 35 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITIÈ 6.2 NAME NAME

14. 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 607. 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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE

STREET ADDRE 35

CITY-ST-7IP

(11/98)CR2E034