

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -6 AM 9:21

DOCUMENT # P93000037296 (9)

1. Corporation Name

SPECIALIZED HOME HEALTH CARE SERVICES, INC.

Principal Place of Business

**778 W. LUMSDEN RD.
SUITE 103
BRANDON FL 33511
US**

Mailing Address

**138 BARRINGTON OAKS
BRANDON FL 33511**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/21/1993

3a. Date of Last Report

01/24/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

P.O. BOX 3014

BRANDON FL

33509

U.S.A.

4. FEI Number

59-3187055

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**EHMLE, STELLA
732 W. LUMSDEN ROAD
BRANDON FL 33511**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

778 W. LUMSDEN RD

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARLAAN, JOCELYN L
STREET ADDRESS	3506 COUNTRY CREEK LANE
CITY - ST - ZIP	VALRICO FL 33594
TITLE	D
NAME	JONES, ELAINE K
STREET ADDRESS	138 BARRINGTON OAKS
CITY - ST - ZIP	BRANDON FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME	JONES, KENNETH W.	
2.3 STREET ADDRESS	138 BARRINGTON DRIVE	
2.4 CITY - ST - ZIP	BRANDON FL 33511	
3.1 TITLE	S/T	☐ Change ☒ Addition
3.2 NAME	BARLAAN, ARTHUR S.	
3.3 STREET ADDRESS	3506 COUNTRY CREEK LANE	
3.4 CITY - ST - ZIP	VALRICO FL 33594	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(b), 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 no attachment with an address.

SIGNATURE:

JOCELYN L. BARLAAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/95

813-685-5478

Date

Telephone Number