FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000037296 (9)**

1. Corporation Name
SPECIALIZED HOME HEALTH CARE SERVICES, INC.

Principal Place of Business
776 W LUMSDEN RD.
SUITE 103
BRANDON FL 33511
US

Mailing Address
P.O. BOX 3014
BRANDON FL 33509
US

3. Date Incorporated or Qualified: 05/21/1993
3a. Date of Last Report: 04/06/1995

2. Principal Place of Business
21: 1211 NORTH WESTSHORE BLVD.
Suite, Apt. #, etc.
22: SUITE 401
City & State
23: TAMPA FL
Zip / Country
24: 33607 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip / County
29: 30:

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

EHNLE, STELLA
773 W. LUMSDEN ROAD
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name: Julia Cunningham
82 Street Address (P.O. Box Number is Not Acceptable): 3308 West Caracas Street
83:
84 City: Tampa FL 85 Zip Code: 33614

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: _____ 4/24/96
Signature typed or printed of officer, director, agent and title if applicable (If the Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARLAAN, JOCELYN L 3506 COUNTRY CREEK LANE VALRICO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIRECTOR ARTHUR SCHNITSKY 5004 64TH DRIVE WEST BRADENTON, FL. 34210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JONES, KENNETH W 138 BARRINGTON DRIVE BRANDON FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DIRECTOR TIMOTHY WISEMAN 4455 EDWARDS ROAD PLANT CITY, FL. 33567	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BARLAAN, ARTHUR S 3506 COUNTRY CREEK LANE VALRICO FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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 I have an attachment with an address.

SIGNATURE: Joselyn L. Barlaan
JOCELYN L. BARLAAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96
Date

813-289-7704
Daytime Phone #