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.
22 Suite, Apt. #, etc. SUITE 401
23 City & State TAMPA FL
24 Zip 33607
25 Country USA

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

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 name of officer, director, agent or trustee — (If the Registered Agent signature required when filing) — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BARLAAN, JOCELYN L	
STREET ADDRESS	3506 COUNTRY CREEK LANE	
CITY-ST-ZIP	VALRICO FL	
TITLE	V	☒ DELETE
NAME	JONES, KENNETH W	
STREET ADDRESS	138 BARRINGTON DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE	ST	☐ DELETE
NAME	BARLAAN, ARTHUR S	
STREET ADDRESS	3506 COUNTRY CREEK LANE	
CITY-ST-ZIP	VALRICO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
1.2 NAME	ARTHUR SCHNITSKY	
1.3 STREET ADDRESS	500A 64TH DRIVE WEST	
1.4 CITY-ST-ZIP	BRADENTON, FL. 34210	
2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
2.2 NAME	TIMOTHY WISEMAN	
2.3 STREET ADDRESS	4455 EDWARDS ROAD	
2.4 CITY-ST-ZIP	PLANT CITY, FL. 33567	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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)(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 is an attachment with an address.

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

Date: 4/23/96
Daytime Phone #: 813-289-7704

CR2E034 (12/95)