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FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

1211 NORTH WESTSHORE BLVD
SUITE 401
TAMPA FL 33607
US

Mailing Address

P.O. BOX 3014
BRANDON FL 33509
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

CUNNINGHAM, JULIA
3308 WEST CARACAS STREET
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

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

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 P ☐ DELETE

NAME BARLAAN, JOCELYN L
STREET ADDRESS 3506 COUNTRY CREEK LANE
CITY-ST-ZIP VALRICO FL

TITLE D ☐ DELETE

NAME WISEMAN, TIMOTHY
STREET ADDRESS 4456 EDWARDS ROAD
CITY-ST-ZIP PLANT CITY FL

TITLE ST ☐ DELETE

NAME BARLAAN, ARTHUR S
STREET ADDRESS 3506 COUNTRY CREEK LANE
CITY-ST-ZIP VALRICO FL

TITLE D ☐ DELETE

NAME SCHINTSKY, ARTHUR
STREET ADDRESS 5004 84TH DRIVE W
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ DELETE

NAME RAFFINAN, JOSE A.
STREET ADDRESS 2625 WESTVIEW CT.
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME RAFFINAN, MARIA R.
STREET ADDRESS 2625 WESTVIEW CT.
CITY-ST-ZIP CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME MOSQUERA, BENJAMIN
1.3 STREET ADDRESS 681 Bay Laurel Ct. NE
1.4 CITY-ST-ZIP St. Petersburg, FL 33703

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME MOSQUERA, DOLORES
2.3 STREET ADDRESS 681 Bay Laurel Ct. NE
2.4 CITY-ST-ZIP St. Petersburg, FL 33703

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME ACOSTA, EMMANUEL
3.3 STREET ADDRESS 18605 Avenue Monaco
3.4 CITY-ST-ZIP Lutz, FL 33549

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME ACOSTA, AMADA
4.3 STREET ADDRESS 18605 Avenue Monaco
4.4 CITY-ST-ZIP Lutz, FL 33549

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 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.

SIGNATURE

[Signature]

1/29/98

813-289-7704

CR2E034 (10/97)