

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000037296

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3506 COUNTRY CREEK LN

2a. Mailing Address

Suite, Apt. #, etc.

City & State

23 VALRICO, FL

Zip

24 33594 25 USA.

Zip

Country

29

30

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 64TH 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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99

941-385-4325

CR2E034 (11/98)

UNFILED

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90163 014 \*\*\*150.00

