SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 29 AM 8:48

DOCUMENT # **P94000005810 (4)**

1. Corporation Name

HIGHLANDS HOME CARE AGENCY, INC.

Principal Place of Business	Mailing Address
3760 US 27 SOUTH SEBRING FL 33870	3760 US 27 SOUTH SEBRING FL 33870

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/25/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 906 SE LAKEVIEW DRIVE
2a. Mailing Address: 26

4. FEI Number: 65-0482495 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State: 23 SEBRING, FLORIDA
City & State: 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip: 24 33870 County: 25 HIGHLANDS
Zip: 29 County: 30

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCKIBBEN, R B JR
PENNINGTON & HABEN P.A.
3375A CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	11 TITLE	☐ Change ☐ Addition
NAME	MONTSDEOCA, GARY DR	12 NAME	
STREET ADDRESS	3760 US 27 SOUTH	13 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	MONTSDEOCA, GARY DR	22 NAME	
STREET ADDRESS	3760 US 27 SOUTH	23 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: GARY MONTSDEOCA 6/22/95 (941)382-9100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0104207 CP