FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -6 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000010570 (7)**

1. Corporation Name

QUALITY OF LIFE HOME HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
240 S. PINEAPPLE AVE. 10TH FLOOR SARASOTA FL 34236	240 S. PINEAPPLE AVE. 10TH FLOOR SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3690 East Bay Drive	26 3690 East Bay Drive
Suite, Apt. #, etc 22 Suite U	Suite, Apt. #, etc 27 Suite U
City & State 23 Largo, FL 34641	City & State 28 Largo, FL 34641
Zip / Country 24 34641 / 25 USA	Zip / Country 29 34641 / 30 USA

4. FEI Number: 59-3223602 ☐ 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

MOSES, MICHAEL J
13540 WALSINGHAM RD.
SUITE B
LARGO FL 34644

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 3690 East Bay Drive

83 Suite U

84 City: Largo **FL** 85 Zip Code: 34641

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 changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D/P/T ☒ Change ☒ Addition
NAME	MOSES, MICHAEL J II	12 NAME	Michael J. Moses, II
STREET ADDRESS	2401 WEST BAY DR., BLDG. 100, STE. 117	13 STREET ADDRESS	3690 East Bay Dr., Suite U
CITY ST ZIP	LARGO FL 34640	14 CITY ST ZIP	Largo, FL 34641
TITLE	D	21 TITLE	D/S ☒ Change ☒ Addition
NAME	MOSES, PATRICIA T	22 NAME	Patricia T. Moses
STREET ADDRESS	2401 WEST BAY DR., BLDG. 100, STE. 117	23 STREET ADDRESS	3690 East Bay Drive, Suite U
CITY ST ZIP	LARGO FL 34640	24 CITY ST ZIP	Largo, FL 34641
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	

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 this 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: _____ President 3/28/95 (813) 586-4296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0342076 CP