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 # P94000010570 (7)

1. Corporation Name

QUALITY OF LIFE HOME HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
3690 EAST BAY DRIVE SUITE U LARGO FL 34641 US	3690 EAST BAY DRIVE SUITE U LARGO FL 34641 US

3. Date Incorporated or Qualified: 02/09/1994
3a. Date of Last Report: 04/06/1995

2. Principal Place of Business
21 750 Starkey Rd.
Suite, Apt. #, etc
22
City & State
23 Largo, FL
Zip 24 34641 Country 25 US

2a. Mailing Address
26 750 Starkey Rd.
Suite, Apt. #, etc
27
City & State
28 Largo, FL
Zip 29 34641 Country 30 US

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 MICHEAL
3690 EAST BAY DRIVE
SUITE U
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name: Michael Moses
82 Street Address (P.O. Box Number is Not Acceptable): 750 Starkey Rd
83
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: [signature] 3/4/96
Signature, typed or printed name of registered agent and title if applicable — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT MOSES, MICHAEL J., II 3690 EAST BAY DR SUITE U LARGO FL 34641	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 750 Starkey Rd. Largo, FL 34641
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MOSES, PATRICIA T. 3690 EAST BAY DR SUITE U LARGO FL 34641	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 750 Starkey Rd. Largo, FL 34641
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE: [signature] President 3/4/96 813/586-0108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)