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 # P94000010570
1. Corporation Name
OUALITY OF LIFE HOME HEALTH SERVICES, INC.

FILED 99 OCT -6 PM 12: 52 SECRETARY OF STATE TALLAR SEE. PLONIDA

Principal Place of Purinces Mailing Address					- !#	i dişadırı bildi ildiri diliki dibiri di	Diet an ere Albert I	HAN BAND, ANN H	FB11 UUUI 10UI
Principal Place of Business Mailing Address 750 STARKEY POAR					}			- 01	7 1
750 STARKEY ROAD LARGO FL 33771 US		750 STARKEY ROAD LARGO FL 34641 US				USTATE	MEN	SPACE	10
					3. Date In 02/09	corporated or Qualifed /1994			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Nu 59-32	mber 23602		<u> </u>	lied For Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certifor	ate of Status Desired		\$8.75 A Fee Rec	
City & Stat	le	City & State				n Campaign Financing und Contribution		\$5.00 i Added to	
7 ip	Country 25	Zip 3	Country			rporation owes the cur al Property Tax.	rent year Inte		 □No
[-1	9. Name and Address of Curre	nt Registered Agent			10. Name	and Address of New	Registered /	Agent	
	S, CYNTHIA C		81	Mes		lichael			
201	n Franklin St		82			Number is Not Accept	able)		
SUN	TE 2700		63	-77 D	710VI	CCY ICC			
TAM	PA FL 33602			Ĺ					
1			84		rr		FL	85 Zip C	
44 Purcuant	to the provisions of Sections 607.05	02 and 607 1608 Florida Statutes	the above	<u></u>		s this statement for the		237	
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was aut	horized by	the corporation	on's board of c	irectors. I hereby acce	pt the appoir	ntment as reg	istered
agent la	im familiar with, and accept the oblig						-/ /	~	
SIGNATURE		740.		PRE	_	كي	125/2	<u> </u>	
		ent and title if applicable (NOTE: RO ND DIRECTORS		nt signature require	d when reinstating)	110001111050 70 00	DATE -	- DIDECTO	30.01.40
12.	OFFICERS A	DELETÉ	13.		ADDITIO	ONS/CHANGES TO OF	FICERS AN	Change	Addition
1	MOSES, MICHAEL J., II	Detere		- 1					_
NAME	750 STARKEY ROAD	con x/1/1/1000	1.2 NAME		1	300003 10/12-	0128	358-	3
STREET ADDRESS	LARGO FL			TADORESS		-10/12	/9901	10550	28
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		****7	50,00 —	####75 ☐ Change	0.00
TITLE	D DAGGEOT BEY	☐ DELETE	2.1 TITLE					∐] Change	Addition
NAME	PAGGEOT, REX		2.2 NAME	1					
STREE LADORESS	750 STARKEY RD		2.3 STREET	T ADDRESS					
CiTY-ST-ZiP	LARGO FL 34641		2.4 CITY-5	ST-ZIP		<u> </u>			
TILE		☐ DELETÉ	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME						
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STREET ADDRESS			5.3 STREET	TADORESS					
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CITY-ST-ZIP		☐ DELETE	6.1 TITLE					Change	Addition
		EJ DELETE	6.2 NAME					onange	
NAME			•	7 4000000					
STREET ADDRESS			6.3 STREET	AUDICAS				_	

STREET ADDRESS
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 BINNTED NAME OF SIGNING OFFICER OR DIRECTOR

727 -586-7381