

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 1:49

DOCUMENT # P94000010751 (3)

1. Corporation Name

ADVANTAGEOUS HOME HEALTH CARE, INC.

Principal Place of Business

4506 L.B. MCLEOD ROAD
SUITE F
ORLANDO FL 32811

Mailing Address

P.O. BOX 53-6576
ORLANDO FL 32853-6576

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/26/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

69-3221396

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

SIMSER, THOMAS A JR
201 S. ORANGE AVE.
SUITE 860
ORLANDO FL 32801

STEPHEN P. GRIGGS
4506 LB MCLEOD ROAD
SUITE F
ORLANDO FL 32811

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 607.0205, Florida Statutes.

X SIGNATURE

Stephen P. Griggs

(NOTE: Registered Agent signature required when reinstating)

2/6/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KENNEDY, WILLIAM P
STREET ADDRESS	4506 L.B. MCLEOD ROAD, SUITE F
CITY - ST - ZIP	ORLANDO FL 32811
TITLE	D
NAME	WALKER, WILLIAM A II
STREET ADDRESS	250 PARK AVE. S., 5TH FLOOR
CITY - ST - ZIP	WINTER PARK FL 32789
TITLE	D
NAME	GRIGGS, STEPHEN P
STREET ADDRESS	4506 L.B. MCLEOD ROAD, SUITE F
CITY - ST - ZIP	ORLANDO FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DELETE	☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	DELETE	☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	PRES/ASST. SEC/DIR	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	SEC/TREAS/DIRECTOR	☒ Addition
4.2 NAME	REBECCA R. IRISH	
4.3 STREET ADDRESS	4506 LB MCLEOD RD., STE F.	
4.4 CITY - ST - ZIP	ORLANDO FL 32811	
5.1 TITLE		☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 attached form with an addition.

SIGNATURE:

Rebecca R. Irish

REBECCA R. IRISH

2/6/95 (407)841-2415