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 1:48

DOCUMENT # P94000010846 (1)

1. Corporation Name
PRIMARY HOME HEALTH CARE, INC.

Principal Place of Business
4506 L. B. MCLEOD RD
SUITE F
ORLANDO FL 32811

Mailing Address
P O BOX 53-6576
ORLANDO FL 32853-6576

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 02/01/1994
3a. Date of Last Report:
4. FEI Number: 59-3223054 (Applied For / Not Applicable)
5. Certificate of Status Desired: X — $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
SIMSER, THOMAS A JR
390 N ORANGE AVE
SUITE 600
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81
82 STEPHEN P. GRIGGS
83 4506 LB MCLEOD ROAD
84 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 607.0505, Florida Statutes.

SIGNATURE: Stephen P. Griggs 2/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KENNEDY, WILLIAM P
STREET ADDRESS	4506 L. B. MCLEOD RD SUITE F
CITY-ST-ZIP	ORLANDO FL 32811
TITLE	D
NAME	WALKER, WILLIAM A II
STREET ADDRESS	250 PARK AVE S 5TH FL
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	D
NAME	GRIGGS, STEPHEN P
STREET ADDRESS	4506 L. B. MCLEOD RD SUITE F
CITY-ST-ZIP	ORLANDO FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DELETE	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DELETE	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS	PRES/ASST SEC/DIR	☒ Change ☐ Addition
	SEC/TREAS/DIRECTOR REBECCA R. IRISH 4506 LB MCLEOD RD., STE F. ORLANDO FL 32811	☒ Addition
5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Addition
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)(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: Rebecca R. Irish 2/6/95 (407) 841-2115
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Daytime Phone #
REBECCA R. IRISH

0008000 CP