

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 1:48

DOCUMENT # P94000010847 (9)

1. Corporation Name

SELECT 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.

3. Date Incorporated or Qualified

02/01/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3223150

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

10. Name and Address of New Registered Agent

SIMSER, THOMAS A JR
390 N ORANGE AVE
SUITE 600
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 607.0505, Florida Statutes.

SIGNATURE

Stephen P. Griggs

(NOTE: Registered Agent signature required when registering)

2/6/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KENNEDY, WILLIAM P
4506 L. B. MCLEOD RD SUITE F
ORLANDO FL 32811

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DELETE

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WALKER, WILLIAM A II
250 PARK AVE S 5TH FL
WINTER PARK FL 32789

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DELETE

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRIGGS, STEPHEN P
4506 L. B. MCLEOD RD SUITE F
ORLANDO FL 32811

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS

PRES / ASST SEC / DIR

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SEC/TREAS/DIRECTOR
REBECCA R. IRISH
4506 LB MCLEOD RD., STE F.
ORLANDO FL 32811

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 110.07(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 of this report, or on an attachment with an address.

SIGNATURE:

Rebecca R. Irish
REBECCA R. IRISH

2/6/95 (407) 841-2415