Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90024 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000010847

1. Corporation Name

SELECT	HOME HEALTH CARE,	, INC.							
Delegio d Olego	a of Division of	Mailing Ad	droop		_			10 11; 5410 ; 11 0 11 10 111 14	
Principal Place									
4506 L. B. MCL Suite F	EOD RD	P O BOX 5	3-6576 FL 32853-6576			1			
ORLANDO FL 32811							DO NOT WRITE	IN THIS SPACE	
							3. Date Incorporated or Qualifed		
							02/01/1994		
2. Principal Pla	ace of Business	2a. Mailing	Address		_		4. FEI Number	11	Applied For
21		26					59-3223150		Not Applicable
Suite, Apt. 1	#, etc.	Suite, A	Apt. #, etc.					•	Additional
22		27					5. Certificate of Status Desired	Fee I	Required
City & State	8	City &	State			,	6. Election Campaign Financing	□ \$5.0	0 May Be
23		28					Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip		Count	ry		8. This corporation owes the current	t year Intangible	
24	25	29		30			Personal Property Tax.	☐ Yes	Z/No
	9. Name and Address of C	urrent Registered Ag	gent		_		10. Name and Address of New Rec	istered Agent	
				8	1 Name				ļ
	PORATION SERVICE COMP	PANY		la la	2 Street	Addres	s (P.O. Box Number is Not Acceptable	e)	
	HAYS STREET								
TALL	AHASSEE FL 32301			8	3				
				}	4 City			85 Zi	p Code
				ĺ	City			FL °°	
office or re	egistered agent, or both, in the	State of Florida, Such	change was a	uthorized t	y the com	oration	s board of directors. I hereby accept t	ne appointment as	registered
agent. I ar SIGNATURE	m familiar with, and accept the o	obligations of, Section	607.0505, FIG	nda Statuti	es. -		hen reinstating)	DATE	
agent. I ar SIGNATURE	m familiar with, and accept the o	obligations of, Section	607.0505, FIG	nda Statuti	es. -			CERS AND DIRECT	
agent. I ar	m familiar with, and accept the o	obligations of, Section red agent and title if applicable	607.0505, FIG	:: Registered A	ent signature	required w	nen reinstating) ADDITIONS/CHANGES TO OFFIC		
agent. I ar	m familiar with, and accept the of Signature, typed or printed name of registed OFFICER	obligations of, Section red agent and title if applicable	. (NOTE	: Registered A	ent signature	required w	hen reinstating)	CERS AND DIRECT	
agent. I ar SIGNATURE 12. TITLE NAME	Signature, typed or printed name of register OFFICEF DP BRIGGS, STEPHEN P	obligations of, Section red agent and title if applicable RS AND DIRECTORS	. (NOTE	Registered A	ent signature	Gri	nen reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	
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agent. I ar SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	Signature, typed or printed name of register OFFICER DP BRIGGS, STEPHEN P 4506 L.B. MCLEOD RD., S ORLANDO FL 32811 VP	obligations of, Section red agent and title if applicable RS AND DIRECTORS	(NOTE	13. 1.1 TITLE 1.2 NAM 1.3 STRI	gent signature E ET ADDRESS - ST-ZIP	Gri	nen reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	e
agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of register OFFICER DP BRIGGS, STEPHEN P 4506 L.B. MCLEOD RD., S ORLANDO FL 32811 VP ZIOMEK, JANET L	obligations of, Section red agent and title if applicable RS AND DIRECTORS	(NOTE	13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM	gent signature E ET ADDRESS - ST-ZIP	Gri	nen reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	e
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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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

407-841-2115