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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000014207 (2)**

1. Corporation Name

SUNBELT HOME CARE, INC.

Principal Place of Business	Mailing Address
2400 BEDORD ROAD ORLANDO FL 32803	2400 BEDORD ROAD ORLANDO FL 32803

2. Principal Place of Business	2a. Mailing Address
21 111 N. ORLANDO AVE.	26 111 N. ORLANDO AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: WINTER PARK, FL	28 City & State: WINTER PARK, FL
24 Zip: 32789 25 Country: ORANGE	29 Zip: 32789 30 Country: ORANGE

3. Date Incorporated or Qualified: **02/13/1994**
3a. Date of Last Report: **02/03/1995**

4. FEI Number: **59-3224571** ☐ Applied For ☐ Not Applicable

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

TRIMBLE, T L
2400 BEDORD ROAD
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: TRIMBLE, T.L.
82 Street Address (P.O. Box Number is Not Acceptable): 111 NORTH ORLANDO AVENUE
83
84 City: WINTER PARK FL 85 Zip Code: 32789

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: T. L. TRIMBLE (T. L. Trimble) DATE: 1/26/96
Signature, type or printed name of registered agent and, if applicable, the office held. (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOLDSWORTH, BENJAMIN J 2400 BEDFORD ROAD ORLANDO FL 32803 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RUCKER, WOMACK J 2400 BEDFORD ROAD ORLANDO FL 32803 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S RUCKER, WOMACK J 111 NORTH ORLANDO AVENUE WINTER PARK, FL 32789-3675 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SKILTON, GARY 2400 BEDFORD ROAD ORLANDO FL 32803 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T SKILTON, GARY 111 NORTH ORLANDO AVENUE WINTER PARK, FL 32789-3675 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P TRIMBLE, T.L. 111 NORTH ORLANDO AVENUE WINTER PARK, FL 32789-3675 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 if changed, or on an attachment with an address.

SIGNATURE: Tamara L. Trimble, President 1/18/96 407-955-1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TAMARA L. TRIMBLE, PRESIDENT