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

APPROVED AND FILED
1995 APR 13 [illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021986

1. Corporation Name
HOME PATIENT CARE, INC. (Tampa)

Principal Place of Business
510 Thompson Center
6304 Benjamin Rd
Tampa, FL. 33634

Mailing Address
Same

DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified: 3-18-94
3a. Date of Last Report:
4. FEI Number: 59-3230532 — 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 paid for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
Home Patient Care, Inc.
3901 SW 47th Avenue
Suite 405
Fort Lauderdale, FL 33314

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 _____ DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME MIRRA, RAYMOND A (President) STREET ADDRESS ONE HOOK RD (Director) CITY-ST-ZIP SHARON HILL PA	☐ Change ☐ Addition
TITLE S NAME Stepanuk, Kevin D. (Vice Pres) STREET ADDRESS 14 Birchdale Drive CITY-ST-ZIP Haddenfield, NJ 08033	100001**.**90 1 -04/17/95--01006--006 ****200.00 ****200.00
TITLE S NAME Mohnacs, John P. STREET ADDRESS 4956 FITLER ST CITY-ST-ZIP PHILA PA	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAW 4/14/95 ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John P. Mohnacs, Secretary

DATE

HPC AMERICA INC.

The Home Patient Care Companies

One Hook Road
P.O. Box 1188
Sharon Hill, PA 19079
610-586-8514
FAX: 610-586-4243

April 3, 1995

Annual Report Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 6327

RE: Home Patient Care, Inc. (Tampa)
Corporation Annual Report

To Whom it May Concern:

Please find the enclosed corporation annual report form for Home Patient Care, Inc. (Tampa) along with a check in the amount of $200.00 made payable to the Florida Secretary of States's Office. If you need any further information, please give me a call at (610) 586-8514.

Sincerely,

Dawn K. DiLeo

enclosure