FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 APR 27 AM 7:47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000027737 (3)

1. Corporate Name

NATIONAL HOMECARE CREDIT CHECKING BUREAU, INC.

Principal Place of Business	Mailing Address
385 PINEDA CT SUITE 100 MELBOURNE FL 32940	385 PINEDA CT SUITE 100 MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3270 SunTree BlvD	26 3270 SunTree Blvd.
Suite, Apt. # etc. 22 SuiTE 205A	Suite, Apt. # etc. 27 SuiTe 205A
City & State 23 MELBOURNE FL	City & State 28 MELBOURNE FL
Zip 24 32940 Country 25 USA	Zip 29 32940 Country 30 USA

4. FEI Number: 59 3236695 — 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	10. Name and Address of New Registered Agent
TWOMBLY, NANCY M 385 PINEDA CT SUITE 100 MELBOURNE FL 32940	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable) 3270 SUNTREE BLVD 83 SuiTE 205A 84 City MELBOURNE FL 85 Zip Code 32940

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	TITLE	☐ Change ☐ Addition
NAME	TWOMBLY, NANCY M	NAME	
STREET ADDRESS	2171 WINSTON DR	STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	PRIAL, THELMA	NAME	
STREET ADDRESS	334 LOFTS DR	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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, 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: Nancy M Twombly — 4/21/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0074000 CP