Corporation Name HOME HEALTH CARE (Incipal Place of Business 18167 US 19 NORTH STE. 400 CLEARWATER FL Principal Place of Business 701 Enter prise	Mailing /)				
HOME HEALTH CARE (incipal Place of Business 18167 US 19 NORTH STE. 400 CLEARWATER FL	Mailing /	Addinge					
18167 US 19 NORTH STE. 400 CLEARWATER FL Principal Place of Business	18167	Addition) IRANGAN NE IRIO RIBU REILI RE		
CLEARWATER FL Principal Place of Business		W C 11 L3 '2'.		 			
,	ULERI	18167 US 19 NORTH STE. 400 Clearwater Fl					
,					3. Date incorporated or Qualified 08/01/1994	3a. Date of Last Report 11/21/1995	
		ng Address	~·.s.e	Rd E	4. FEI Number	Applied	
Suite Apt. #, etc	Suite	Apt. #, etc.	γι ι э τ		5. Certificate of Status Desired	\$8.75 Addit	
City & State	City i	& State	 	·	6. Election Campaign Financing	Fee Hequin	
Safety Harbor	y Zip) October 12 (October	FL	Trust Fund Contribution 8. This corporation has liability for	Added to Fe	ees
	nellas 29 34 ess of Current Registered		[30] V	indlas	Florida Statutes Ye 10. Name and Address of New	es 🖪 No	υz,
			81	1 Name	10. Hame and Accress of New	negistered Agent	
MACDONALD, STEVE 18167 US 19 NORTH STE.	100		82		ress (P.O. Box Number is Not Accepte	JE. Ste 910	
CLEARWATER FL	,,,,		83		enrapise kooz	x E. DIE TIO	
			84	4 City	Cal. Hay	B5 Zip Code	
			the above	riarned corpor	ration submits this statement for the part of directors. I hereby accept the ap	urpose of changing its register	ed office
familiar with, and accept the obligion	tions of Section 007.0505,	Fiorida Statutes	ary the com	рочанента год	iror or directors. Thereby accept the ap	pointinent as registered agent.	. Lam
Stijk at irei typen or pristed name	of registerious agest and their and segarion		for gothered Age	ont suppeture require) 12 1140	· ·
.E 0		DETELE	1 1 101F		ADDITIONS O IANGES TO OF		12 Addition
KIRK, ROBIN EET ADDRESS 5915 HATTERAS	PAI M WAY		1.2 NAVE	T ADDRESS			
r-St-ZIP TAMPA FL 33615			1.4 City -				
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ne l		Libertie	3.2 NAME			☐ Change ☐ A	ddition
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EET ADORESS			43STREE	LADORESS			
f E		DELETE	4.4 CITY - 5 5.1 T T E	ST ZIP		Change A	ddition
E			5.2 NAME			C owner.	36.134
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F			6.2 NAME	1 ADDRESS		Citaliye Al	