FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

MAY -1 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000083183 (1)**

1. Corporate Name
ARGUS HOME HEALTH CARE, INC.

Principal Place of Business
2022 AUTUMN CHACE COURT
TAMPA FL 33613

Mailing Address
P.O. BOX 280213
TAMPA FL 33682-0213

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 6170 Central Ave. So.
Suite Apt. # etc.
22 Suite G
City & State
23 St. Petersburg, FL
Zip 24 33707 Country 25 USA

2a. Mailing Address
26 6170 Central Ave. So.
Suite Apt. # etc.
27 Suite G
City & State
28 St. Petersburg, FL
Zip 29 33707 Country 30 USA

4. FEI Number: 59-3271627 — 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. The corporation has elected to be taxed as an S corporation under S. 1999 Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
DE LA CRUZ, NORI-ANN
2022 AUTUMN CHACE COURT
TAMPA FL 33613

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 Section 607.0505 and/or 1508, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TITLE P ☐ Change XX Addition NAME Nori-Ann de la Cruz STREET ADDRESS 2022 Autumn Chace Court CITY, ST, ZIP Tampa, FL 33613
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TITLE VP ☐ Change XX Addition NAME Nilda P. Galang STREET ADDRESS 6701 16th Avenue North CITY, ST, ZIP St. Petersburg, FL 33710
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TITLE VP ☐ Change XX Addition NAME Melanie J. Gonzales STREET ADDRESS 2835 Tigertail Avenue #303 CITY, ST, ZIP Miami, FL 33133
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TITLE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TITLE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TITLE ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report, 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 hereof or is attached with an addition.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 1995 — Date
(813) 968 4778 — Daytime Phone #

0444863 FP