FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000005049 (8)**

1. Corporation Name

SUNCOAST HOME HEALTH CARE OF SOUTH FLORIDA INC.

Principal Place of Business
1860 OLD OKEECHOBEE RD.
SUITE 509
WEST PALM BEACH FL 33409

Mailing Address
1860 OLD OKEECHOBEE RD.
SUITE 509
WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified: 01/17/1995
3a. Date of Last Report:
4. FEI Number: 65-0439581 — Applied For / Not Applicable

2. Principal Place of Business
21 1860 OLD OKEECHOBEE Rd
Suite, Apt. #, etc. 22 WEST PALM BEACH
City & State 23 FLORIDA
Zip 24 33409 Country 25 PALM BCH

2a. Mailing Address
26
Suite, Apt. #, etc. 27 SUITE 509
City & State 28
Zip 29 Country 30

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**

MAJOR, PAT
2620 NORTH AUSTRALIAN
WEST PALM BEACH FL 33407

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
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent's signature required where name of agent — DATE

12. OFFICERS AND DIRECTORS

TITLE	PAT MAJOR - PRESIDENT ☐ DELETE
NAME	1077 SUMMERWOOD CIRCLE.
STREET ADDRESS	WEST PALM BEACH FLA.
CITY-ST-ZIP	33409 -
TITLE	VICE-PRESIDENT - ☐ DELETE
NAME	EDWIN METOYER. 33407
STREET ADDRESS	710 EXECUTIVE DR. WPB.
CITY-ST-ZIP	
TITLE	VICE-PRESIDENT ☐ DELETE
NAME	TONOKA TOYE 33409
STREET ADDRESS	13560 NW 5th St
CITY-ST-ZIP	PLANTATION FLA.
TITLE	DIRECTOR - ☐ DELETE
NAME	MARJOT MAJOR
STREET ADDRESS	4551 NW 27th STREET
CITY-ST-ZIP	LAUDERHILL FLA 33313
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	800001761198
4.3 STREET ADDRESS	-03/28/96--01063--005
4.4 CITY-ST-ZIP	***200.00
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

3.28

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: Pat Major — February 8, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)