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 # **P95000028416 (2)**

1. Corporation Name
CENTRAL HOME CARE SERVICES, INC.

Principal Place of Business	Mailing Address
%RIDEN, EARLE & KIEFNER, P.A. 100 2ND AVE. SOUTH, SUITE 400, NORTH TOWER ST. PETERSBURG FL 33701	%RIDEN, EARLE & KIEFNER, P.A. 100 2ND AVE. SOUTH, SUITE 400, NORTH TOWER ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified: 04/11/1995
3a. Date of Last Report:

2. Principal Place of Business (21): 2300 Tall Pines Dr.
Suite, Apt. #, etc. (22): Suite 100
City & State (23): Largo, FL
Zip (24): 34641
Country (25):

2a. Mailing Address (26): P.O. Box 23148
Suite, Apt. #, etc. (27):
City & State (28): Tampa, Fl 33623-3148
Zip (29): 33623-3148
Country (30):

4. FEI Number: 59-3307591 ☐ 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

FELDER, BENJAMIN
100 2ND AVE. SOUTH
SUITE 400, NORTH TOWER
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: Floyd W. Seibert
82 Street Address (P.O. Box Number is Not Acceptable): 2300 Tall Pines Dr.
83 Suite 100
84 City: Largo FL 85 Zip Code: 34641

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: Floyd W. Seibert — Floyd W. Seibert — DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SEIBERT, FLOYD W	1.2 NAME	
STREET ADDRESS	29 SUMMIT LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	600001783296
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-04/17/96--01017--014
TITLE	☐ DELETE	5.1 TITLE	***200.00 ☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4-16-96 JP

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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: Floyd W. Seibert — Floyd W. Seibert — 03/19/1996 — (813)538-2296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #