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

FILED
Aug 15 1996 8:00 am
Secretary of State

DOCUMENT # P95000066827

1. Corporation Name

CARE AT HOME, INC.

Principal Place of Business	Mailing Address
166-39 29th Ave. Whitestone, NY 11357	166-39 29th Ave. Whitestone, NY 11357

3. Date Incorporated or Qualified: 8-29-1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2211 Lee Rd.	26 2211 Lee Rd.
22 Suite, Apt. #, etc. Suite 223	27 Suite, Apt. #, etc. Suite 223
23 City & State Winter Park, FL	28 City & State Winter Park, FL
24 Zip 32789 25 Country	29 Zip 32789 30 Country

4. FEI Number: 59-3339328 ☐ 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

Cohen, Robert S. Esq.
215 South Monroe Street
2nd Floor
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name: INTRASTATE REGISTERED AGENT CORPORATION
82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Ave., Suite 3000
83
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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.

INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE By: [signature] Vice President 7-17-96
(If agent) type or print name of registered agent and title if applicable (If title, Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joanos, Kim 166 - 39 - 29th Avenue Whitestone, NY 11357	☐ DELETE	1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	D/P Joanos, Kim E. 1641 S. Kirkman Rd. Orlando, FL 32811	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP	500001923796 -08/16/96--01010--036 ***225.00	☐ Change ☐ Addition

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: Kim E. Joanos 8/7/96 (407) 647-3588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kim E. Joanos

(A) 8/12/96