

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Oct 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000066827 (3)

1. Corporation Name

CARE AT HOME, INC.

Principal Place of Business

Mailing Address

2211 LEE RD
SUITE 223
WINTER PARK FL 32789

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SUITE 223
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1995

4. FEI Number

59-3339328

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 5151 Adanson Street

Suite, Apt. #, etc.

22 Suite 103

City & State

23 Orlando, FL

Zip

24 32804

Country

25 USA

2a. Mailing Address

26 5151 Adanson Street

Suite, Apt. #, etc.

27 Suite 103

City & State

28 Orlando, FL

Zip

29 32804

Country

30 USA

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

John M. Campbell

82 Street Address (P.O. Box Number is Not Acceptable)

1211 Semoran Blvd.

83

Suite 171

84

City Orlando

FL

85

Zip Code
32707

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

John M. Campbell

(NOTE: Registered Agent signature required when reinstating)

DATE

9-25-98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME JOANOS, KIM
STREET ADDRESS 1641 S. KIRKMAN RD
CITY-ST-ZIP ORLANDO FL 32811

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 Kathleen Danler
1.3 STREET ADDRESS 7 Stepping Stone Crescent
1.4 CITY-ST-ZIP Dix Hills, NY 11746

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME William Danler
2.3 STREET ADDRESS 1060 NW 95th Avenue
2.4 CITY-ST-ZIP Plantation, FL 33322

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Sec/Tres. Dennis Lopez
3.3 STREET ADDRESS 9262 Wickham Way
3.4 CITY-ST-ZIP Orlando, FL 32836

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE

9/28/98 (40) 112 3800

CR2E034 (10/97)