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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088582 (8)
EMERALD COAST HOME HEALTH CARE SERVICES, INC.

FILED Jul 01 1997 8:00am Secretary of State

3. Date incorporated or Qualified 11/14/1995 06/07/1996 2. Principal Place of Business 21 538 Harmon Avenue 25 538 Harmon Avenue 26 538 Harmon Avenue 59-3342717 Applied For Not Applicable Suite, Apt #, etc. 27 Suite, Apt #, etc. 35 Suite Apt #, etc. 35
2. Principal Piace of Business 2a. Mailling Address 25 38 Harmon Avenue 538 Harmon Avenue 593842717 Nol Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 2. Suite : IA 27 Suite A Suite Panama City, FL 28 State Panama City, FL 32401 30 USA State Panama City State Panama City, FL State Panama City, F
Suite, Apt. #, etc. Suite A City & State Panama City, FL City & State Panama City, FL Suite A City & State Panama City, FL Suite A Country Zip Country Zip Country Zip Country Zip Suite A Suite, Apt. #, etc. Suite A City & State Panama City, FL Suite A Suite A Suite A Suite A City & State Fee Required Suite A
27 Suite A City & State Panama City, FL 28 State Panama City, FL 28 Panama City, FL 28 State Panama City, FL 29 State Pa
City & State Panama City, FL 28 Panama City, FL 28 Panama City, FL 32 Country 29 State Panama City, FL 30 Country 25 USA 29 State Panama City, FL 30 USA 30 USA 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes 9. Name and Address of Current Registered Agent HATFIELD, DAREN D 1128 S GAY AVE SUITE 122 PANAMA CITY FL 32404 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 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 diligations of Sections 607.0505, Florida Statutes. SIGNATURE Sighature, types or printed mann of registered agent and in a papicable (NOTE: Registered when remistering) 12. OFFICERS AND DIRECTORS IN 12
Panama City, FL 28 Panama City, FL Trust Fund Contribution Added to Fees Zip Country Zip Country Zip Country Zip Country Zip Country B. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Florida Statutes Panama City, FL Trust Fund Contribution Added to Fees R. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Florida Statutes Name 10. Name and Address of New Registered Agent HATFIELD, DAREN D 1128 S GAY AVE SUITE 122 PANAMA CITY FL 32404 83 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 agent. I am politar with, and accept the diligations of Sections 607.0505, Florida Statutes. SIGNATURE Stignature, typed or panied harm of registered agen and in it applicable (NOTE Registered Agent signature required when reliefsk-reg) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Signature Country Zip Country Zip Country Zip Country Signature, typed or printed figure of 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 agent. Signature, typed or printed figure of
PATFIELD, DAREN D 1128 S GAY AVE SUITE 122 PANAMA CITY FL 32404 83 City FL 65 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, and accept the dialgations of Sections 607.0505, Florida Statutes. SIGNATURE Daren Hatfield 05 - 23 - 97 Signature, typed or printed mann of registered agent and in an pheable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
HATFIELD, DAREN D 1128 \$ GAY AVE SUITE 122 PANAMA CITY FL 32404 83 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 pholitar with, and accept the dialgations of Sections 607.0505, Florida Statutes. SIGNATURE Daren Hatfield 05 - 23 - 97 Signature, typed or printed mann of registered agent and in applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 11.2
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 agent. I am profiliar with, and accept the diagrations of, Sections 67.0505, Florida Statutes. SIGNATURE Street Address (P.O. Box Number is Not Acceptable)
PANAMA CITY FL 32404 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 dialgations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and in a suphcable (NOTE: Registered Agent signature (required when reinstaing) 12. OFFICERS AND DIRECTORS IN 12
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SIGNATURE Daren Hatfield 05-23-97 Signature, typed or printed name of registered agent and in a pipicable (NOTE Registered Agent signature required when reinstains) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE Daren Hatfield 05-23-97 Signature, typed or printed name of registered agent and in a pipicable (NOTE Registered Agent signature required when reinstains) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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TITLE D DELETE 1.4 TITLE D Change L Addition 2
A SA A STREET, D. D. A. P. Branch, D.
NAME HATFIELD, DAREN D 1.2 NAME STREET ADDRESS 1.28 S GAY AVE. #122 1.3 STREET ADDRESS
STREET ADDRESS 1128 S GAY AVE, #122 1.3 STREET ADDRESS
TITLE D DELETE 21 TITLE Change Addition
NAME LAMBERT, JANIS 22 NAME
STREET ADDRESS 1008 GEORGIA AVENUE 23 STREET ADDRESS
CITY-ST-ZIP PANAMA CITY FL 32404 2 4 CITY-ST-ZIP
TITLE DELETE 31 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 TQLF Change Addition
NAME 4.2 NAME
STREET ADDRESS
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STREET ADDRESS 5.3 STREET ADDRESS
CITY-\$1-2IP 5.4 CITY-\$1-7IP
TITLE DELETE 6.1 TILE CONTROL Addition
62 NAME -07/02/9701001027
DELETE
City-St-ZiP 64 City-St-ZiP 64 City-St-ZiP 14. Loo hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

14. I do 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 3 if changed, or on an attachment with an address.

SIGNATURE:

MONATON HILLDAREN Hatfield

05-23-97

(904)785-5152