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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000012910

1. Corporation Name
D & A HOME HEALTH INC.

Principal Place of Business / Mailing Address
121 NORTH STATE ROAD SEVEN
PLANTATION, FLORIDA 33317

3. Date Incorporated or Qualified: FEB. 27, 1996 — 3a. Date of Last Report: N/A

2. Principal Place of Business
21 121 N. STATE RD. 7
Suite, Apt. #, etc.: 22 9
City, State: 23 PLANTATION, FL.
Zip: 24 33317 — County: 25 U.S.A

2a. Mailing Address
26 121 N. STATE RD. 7
Suite, Apt. #, etc.: 27 9
City, State: 28 PLANTATION, FL.
Zip: 29 33317 — Country: 30 U.S.A.

4. FEI Number: APPLIED FOR — ☑ 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
O'NEIL MICHAEL
121 N. STATE ROAD 7
PLANTATION, FL 33317

10. Name and Address of New Registered Agent
81 Name: TREVOR BRAMWELL
82 Street Address (P.O. Box Numbers is Not Acceptable): 121 N. STATE RD. 7
83 #9
84 City: PLANTATION — FL — 85 Zip: 33317

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: Trevor Bramwell Director/Pres. 2-21-97
Signature(s) for new registered agent and title, if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR ☐ DELETE	1.1 TITLE	DIRECTOR ☑ Change ☐ Addition
NAME	DORRETT DONALDSON	1.2 NAME	TREVOR BRAMWELL
STREET ADDRESS	650 E. MELROSE CIRCLE	1.3 STREET ADDRESS	121 N. STATE RD. 7 #9
CITY-ST-ZIP	FT. LAU. FL 33312	1.4 CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	DIRECTOR ☐ DELETE	2.1 TITLE	PRES. ☑ Change ☐ Addition
NAME	ALETHA WINDROSS	2.2 NAME	TREVOR BRAMWELL
STREET ADDRESS	4800 NW 65 AVE.	2.3 STREET ADDRESS	121 N. STATE RD. 7 #9
CITY-ST-ZIP	HOLLYWOOD FL 33024	2.4 CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	PRESIDENT ☐ DELETE	3.1 TITLE	VICE PRES. ☑ Change ☐ Addition
NAME	ONEIL MICHAEL	3.2 NAME	TREVOR BRAMWELL
STREET ADDRESS	7433 NW 49TH ST.	3.3 STREET ADDRESS	121 N. STATE RD. #9
CITY-ST-ZIP	LAUDERHILL, FL 33319	3.4 CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	VICE PRESIDENT ☐ DELETE	4.1 TITLE	SECRETARY ☑ Change ☐ Addition
NAME	PATRICK DWYER	4.2 NAME	TREVOR BRAMWELL
STREET ADDRESS	7401 NW 3RD CT	4.3 STREET ADDRESS	121 N. STATE RD. 7 #9
CITY-ST-ZIP	PLANTATION FL 33317	4.4 CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	NORMA MICHAEL ☐ DELETE	5.1 TITLE	TREASURER ☑ Change ☐ Addition
NAME	7433 NW 49TH STREET	5.2 NAME	TREVOR BRAMWELL
STREET ADDRESS	LAUDERHILL, FL. 33319	5.3 STREET ADDRESS	121 N. STATE RD. 7 #9
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	TREASURER ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	AVION DWYER	6.2 NAME	900002131779
STREET ADDRESS	7401 NW 3RD CT	6.3 STREET ADDRESS	-04/02/97--01109--030
CITY-ST-ZIP	PLANTATION, FL 33317	6.4 CITY-ST-ZIP	***173.75

CR2E034 (9/96)

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 13 if changed, or on an attachment with an address.

4.2.97

SIGNATURE: Trevor Bramwell, TREVOR BRAMWELL 2/21/97 316 9602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #