

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

FILED
May 08 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 # P96000041450 (3)

1. Corporation Name

QUALITY OF LIFE HOME HEALTH STAFFING, INC.

Principal Place of Business

Mailing Address

750 STARKEY ROAD STE 101
LARGO FL 33771
US

750 STARKEY ROAD STE 101
LARGO FL 34641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1996

4. FEI Number

50-3384250

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MOSES, MICHAEL J II
750 STARKEY ROAD STE 101
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name

Cynthia C Ellis

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

201 N. FRANKLIN ST.

83

84 City

Ste. 2700

TAMPA

FL

85 Zip Code

33602

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

C. Ellis

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/98

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MOSES, MICHAEL J II
STREET ADDRESS 750 STARKEY ROAD STE 101
CITY-ST-ZIP LARGO FL 34641

TITLE D ☒ DELETE

NAME MOSES, PATRICIA T
STREET ADDRESS 750 STARKEY ROAD STE 101
CITY-ST-ZIP LARGO FL 34641

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 D ☐ Change ☒ Addition

1.2 NAME Paggast, Rex
1.3 STREET ADDRESS 750 Starkey Rd.
1.4 CITY-ST-ZIP LARGO FL 34641

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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:

4/12/98

(813) 585-7781

CP2E034 (10/97)