

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90075 043 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087858
1. Entity Name
QUALITY OF LIFE HOME HEALTH SERVICES OF HILLSBOROUGH, INC. ✓

Principal Place of Business Mailing Address
750 STARKEY ROAD 750 STARKEY ROAD
LARGO FL 34641 LARGO FL 34641

91218



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
7235 Bryan Dairy Rd. 7235 Bryan Dairy Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Largo, FL Largo, FL
Zip Country Zip Country
33777 USA 33777 USA

4. FEI Number 59-3405672 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOSES, MICHAEL
750 STARKEY ROAD
LARGO FL 34641

7. Name and Address of New Registered Agent
Name: James E. Heenan
Street Address (P.O. Box Number is Not Acceptable): 7235 Bryan Dairy Road
City: Largo FL Zip Code: 33777

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: [Signature] JAMES E. HEENAN 5/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MOSES, MICHAEL 750 STARKEY ROAD LARGO FL 34641 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGGEOT, REX 750 STARKEY ROAD LARGO FL 34641 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 7235 Bryan Dairy Road Largo, FL 33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD James E. Heenan 7235 Bryan Dairy Road Largo, FL 33777 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD Cois-Bosworth 7235 Bryan Dairy Road Largo, FL 33777 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] JAMES E. HEENAN 4/30/02 727-725-1136
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CF2E034 (9/01)