2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P96000087858

Entity Name: QUALITY OF LIFE HOME HEALTH SERVICES OF HILLSBOROUGH, INC.

Current Principal Place of Business:

7235 BRYAN DAIRY ROAD
LARGO, FL 33777

New Principal Place of Business:

Current Mailing Address:

7235 BRYAN DAIRY ROAD
LARGO, FL 33777

New Mailing Address:

FEI Number: 59-3405672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEENAN, JAMES E
1235 BRYAN DAIRY ROAD
LARGO, FL 33777

Name and Address of New Registered Agent:

HEENAN, JAMES E
7235 BRYAN DAIRY ROAD
LARGO, FL 33777

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: _____ 04/30/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MOSES, MICHAEL
Address: 1235 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777

Title: TD ( ) Delete
Name: HEENAN, JAMES E
Address: 1235 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777

Title: SD ( ) Delete
Name: BOSWORTH, LOIS
Address: 1235 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MOSES, MICHAEL J II
Address: 7235 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777

Title: TD (X) Change ( ) Addition
Name: HEENAN, JAMES E
Address: 7235 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777

Title: SD (X) Change ( ) Addition
Name: BOSWORTH, LOIS
Address: 7235 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. HEENAN TD 04/30/2004
Electronic Signature of Signing Officer or Director — Date