

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

**FILED**  
**Apr 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998 <span style="background-color: black; color: black;">XXXX</span> 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000101724**  
 1. Corporation Name  
**GUARDIAN ANGEL HOME HEALTH CARE, INC.**

Principal Place of Business      Mailing Address  
**Guardian Angel Home Health Care, Inc.**  
**9853 N. Tamiami Trail Suite 221**  
**Naples, Florida 34108**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>9853 N. Tamiami Trail</b>	26 <b>9853 N. Tamiami Trail</b>	<b>65-0800633</b>	<input type="checkbox"/> Not Applicable
Suite, Apt #, etc	Suite, Apt #, etc	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22 <b>202</b>	27 <b>202</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 <b>Naples, Florida</b>	28 <b>Naples, Florida</b>		
Zip	Country		
24 <b>34108</b>	25 <b>USA</b>		
29 <b>34108</b>	30 <b>USA</b>		

3. Date incorporated or Qualified	3a. Date of Last Report

9. Name and Address of Current Registered Agent  
**Kenneth Gordon King**  
**720 Orchid Dr.**  
**Naples, Florida 34102**

10. Name and Address of New Registered Agent

81 Name	<b>Kenneth Gordon King</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>720 Orchid Dr.</b>
83	
84 City	<b>Naples</b>
85 Zip Code	<b>FL 34102</b>

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Kenneth Gordon King*      **Kenneth Gordon King**      **April 18, 1998**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>Director, President</b> <input type="checkbox"/> DELETE
NAME	<b>Jessica Bogg-Stumpf</b>
STREET ADDRESS	<b>6112-4 Principia Dr.</b>
CITY-ST-ZIP	<b>Ft. Myers, FL 33919</b>
TITLE	<b>Director</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>Kathleen Stumpf</b>
STREET ADDRESS	<b>17240-4 Terraverde Circle</b>
CITY-ST-ZIP	<b>Ft. Myers, FL 33908</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>200002494782</b>
63 STREET ADDRESS	<b>-04/21/98--01025--010</b>
64 CITY-ST-ZIP	<b>***150.00</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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: *Jessica Bogg-Stumpf*      **Jessica Bogg-Stumpf**      **4-18-98**      **(941) 267-4313**  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)