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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000014322

1. Corporation Name

NAME

STREET ADDRESS

CITY-ST-ZIP

CDH MEDPLUS HOME HEALTHCARE, INC.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90022 004 ***150.00

Principal Place of Business Mailing Address .		T (BB)) BB (He lets: /B() abily abily			
3811 SOUTEL DR. 3811 SOUTEL DR.					
JACKSONVILLE FL 32208 JACKSONVILLE FL 32208		DO NOT WRITE	IN THIS SPACE		
		3. Date Incorporated or Qualifed			
		02/12/1998		ļ	
2. Principal Place of Business 2a. Mailing Address	OAA	4. FEI Number	1	Applied For	
27 5358 Washing ton Lot ates Ur 26 P. D. BOX 90	800	59-349-625		Not Applicable -	=
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional	
22 27				Required	
City & State		6. Election Campaign Financing		May Be	
23 Jacksonville, 1 28 Jacksonvill	Country (Trust Fund Contribution		d to Fees	
	Duval	This corporation owes the current Personal Property Tax.	t year intangible ☐ Yes	- Dano	
9. Name and Address of Current Registered Agent	<u> </u>	10. Name and Address of New Re			
o. Halle and Addiose of Carlott Hagiston as Agent	81 Name		<u>-</u>		
FEREBEE, DAVID B ESQ.	82 Street Addre	ess (P.O. Box Number is Not Acceptabl	<u></u>		
503 E. MONROE ST.	62 Street Addre	SS (P.O. BOX NUMBER IS NOT Acceptable			
JACKSONVILLE FL 32202	83				
	84 City		85 Zi	p Code	
			FL		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the	ne above-named corporation	pration submits this statement for the pu	urpose of changing	its registered	
office or registered agent or both in the State of Florida, Such change was author					
office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S	Statutes.	it's board of directors. Thereby accept	و معتصد شعب	,	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S	Statutes.				·
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Signature. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.	Statutes.	when reinstating)	DATE		. (60)
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable).	Statutes.		DATE	TORS IN 12	. (00,14)
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.) 12. OFFICERS AND DIRECTORS TITLE D DELETE 1	Statutes. stered Agent signature required 13.	when reinstating)	DATE CERS AND DIREC	TORS IN 12	14 (44 (00)
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registrict agent and title if applicable.) 12. OFFICERS AND DIRECTORS TITLE D DELETE 1 NAME HAYWOOD, CORNELIA	stered Agent signature required 13. 1.1 TITLE 1.2 NAME	when reinstating)	DATE CERS AND DIREC	TORS IN 12	100/11/100
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registrict agent and title if applicable.) 12. OFFICERS AND DIRECTORS TITLE D HAYWOOD, CORNELIA STREET ADDRESS 1065 LOBSTER LANE	stered Agent signature required 13. 1.1 TITLE	when reinstating)	DATE CERS AND DIREC	TORS IN 12	100,447,000
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registrict agent and title if applicable.) TITLE D D DELETE 1 NAME HAYWOOD, CORNELIA STREET ADDRESS 1065 LOBSTER LANE CITY-ST-ZIP JACKSONVILLE FL 32218	Statutes. stered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	when reinstating)	DATE CERS AND DIREC	TORS IN 12 e Addition	(14,08)
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registrict agent and title if applicable.) 12. OFFICERS AND DIRECTORS ITILE D HAYWOOD, CORNELIA STREET ADDRESS 1065 LOBSTER LANE CITY-ST-ZIP JACKSONVILLE FL 32218 TITLE DELETE 2	Statutes. stered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	when reinstating)	DATE CERS AND DIREC CHang	TORS IN 12 e Addition	# 144,000
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registrict agent and title if applicable.) 12. OFFICERS AND DIRECTORS ITILE NAME HAYWOOD, CORNELIA STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32218 TITLE NAME DELETE 2	Statutes. stered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	when reinstating)	DATE CERS AND DIREC CHang	TORS IN 12 e Addition	(141,00)
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registrice) 12. OFFICERS AND DIRECTORS ITILE D DELETE 1 NAME HAYWOOD, CORNELIA STREET ADDRESS 1065 LOBSTER LANE CITY-ST-ZIP JACKSONVILLE FL 32218 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	stered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME	when reinstating)	DATE CERS AND DIRECT Chang	TOR\$ IN 12 e) (00714700)
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registrict Regi	stered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	when reinstating)	DATE CERS AND DIREC CHang	TOR\$ IN 12 e	1. (00/17/00)
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registrict Registr	stered Againt signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	when reinstating)	DATE CERS AND DIRECT Chang	TOR\$ IN 12 e	. CODECON (14,00)
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registrict Registr	stered Agant signature required 1.3. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	when reinstating)	DATE CERS AND DIRECT Chang	TOR\$ IN 12 e	M CDOFFOR (11,00)
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis 12. OFFICERS AND DIRECTORS ITITLE D HAYWOOD, CORNELIA STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32218 TITLE NAME STREET ADDRESS CITY-ST-ZIP TO DELETE 3 3 3 3 3 3 3 3 3 3 3 3 3	stered Agant signature required 1.3. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	when reinstating)	DATE CERS AND DIREC Chang	TOR\$ IN 12 e	1 (44,000)
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registrict And Directors) TITLE D HAYWOOD, CORNELIA STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32218 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE A	starutes. stered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 3.4 CITY-ST-ZIP 4.1 TITLE	when reinstating)	DATE CERS AND DIRECT Chang	TOR\$ IN 12 e	CDDE034 (11/08)
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registrice in the content of the con	starutes. stered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	when reinstating)	DATE CERS AND DIREC Chang	TOR\$ IN 12 e	. (00717) (11/08)
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registrice in the content of the con	Statutes. stared Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	when reinstating)	DATE CERS AND DIREC Chang	TOR\$ IN 12 e) (00/11/100)
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registrice in the content of the con	Statutes. stared Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	when reinstating)	DATE CERS AND DIREC Chang Chang	TOR\$ IN 12 e	CB2E024 (44,00)
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registrict agent and title if applicable.) 12. OFFICERS AND DIRECTORS ITILE D D DELETE 1 NAME HAYWOOD, CORNELIA STREET ADDRESS 1065 LOBSTER LANE CITY-ST-ZIP JACKSONVILLE FL 32218 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4 AND DELETE 4 ADDRESS CITY-ST-ZIP TITLE DELETE ADDRESS CITY-ST-ZIP TITLE DELETE ADDRESS CITY-ST-ZIP TITLE DELETE ADDRESS CITY-ST-ZIP TITLE DELETE	Statutes. stared Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	when reinstating)	DATE CERS AND DIREC Chang	TOR\$ IN 12 e	CD2C034 (11/08)
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS ITILE D	Statutes. stared Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	when reinstating)	DATE CERS AND DIREC Chang Chang	TOR\$ IN 12 e	(14,00)
Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registrice agent and title if applicable.) 12. OFFICERS AND DIRECTORS ITILE D DELETE 1 NAME HAYWOOD, CORNELIA STREET ADDRESS 1065 LOBSTER LANE CITY-ST-ZIP JACKSONVILLE FL 32218 TITLE DELETE 2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4 NAME STREET ADDRESS CITY-ST-ZIP DELETE 4 STREET ADDRESS CITY-ST-ZIP DELETE 4 STREET ADDRESS CITY-ST-ZIP DELETE 5 STREET ADDRESS CITY-STREET CITY-STREET CITY-STREET	Statutes. stared Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	when reinstating)	DATE CERS AND DIREC Chang Chang	TOR\$ IN 12 e	(14,00)

6.2 NAME

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 with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP