

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90030 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000086149 1. Corporation Name SERENITY HOME CARE, INC.			
Principal Place of Business 4907 N.W. 91ST TERRACE SUNRISE FL 33351		Mailing Address 4907 N.W. 91ST TERRACE SUNRISE FL 33351	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 4907 NW 91 Terrace		2a. Mailing Address 26 4907 NW 91 Terrace	
Suite, Apt. #, etc. 22 Sunrise		Suite, Apt. #, etc. 27 Sunrise	
City & State 23 Ft. 33351		City & State 28 Ft. 33351	
Zip 24		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent MORRISON, ARLENE MARIE 4907 N.W. 91ST TERRACE SUNRISE FL 33351		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.050 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: _____ DATE: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSTD NAME MORRISON, ARLENE MARIE STREET ADDRESS 4907 N.W. 91ST TERRACE CITY-STATE-ZIP SUNRISE FL 33351	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: *Arlene Morrison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-99

954 742 2091

CR2E034 (1/98)