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

05-07-1999 90131 022 ***150.00
P98000094891

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -12 PM 3:35

DOCUMENT # P98000094891

1. Corporation Name
HOME CARE GIVER MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
3644 MARIANNA ROAD JACKSONVILLE FL 32217	PO BOX 56731 JACKSONVILLE FL 32241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1998

2. Principal Place of Business — 2a. Mailing Address (26)
Suite, Apt. #, etc. — Suite, Apt. #, etc. (27)
City & State — City & State (28)
Zip (25) Country — Zip (29) Country (30)

4. FEI Number: 59-3556881 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. The corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCWINN, TIMOTHY A
3644 MARIANNA ROAD
JACKSONVILLE FL 32217

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 607.0502 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 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 PS STREET ADDRESS 3644 Marianna Road CITY-ST-ZIP Jacksonville FL 32217	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 4/11/12
TITLE STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Timothy McWinn PRESIDENT 4/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)