Amendment

08-21-2002 90086 017 ****61.25

FILED P98000106867

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name: In-Home Health Care, Inc.

P98000106867

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1583 Silver Star Rd, Ste 301	Same
Suite, Apt. #, etc.: Ste 301	Suite, Apt. #, etc.: Same
City & State: Orlando FL	City & State: Same
Zip: 32761 Country: U.S.	Zip: Same Country: Same

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593547122 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sloan, Scot

Street Address (P.O. Box Number is Not Acceptable): 8438 Sunsprite Court

City: Orlando FL Zip Code: 32818

8. 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: Dr. Scot S. Sloan 8/15/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1st - May 1st Fee is $150.00
After May 1st Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Scot S. Sloan
STREET ADDRESS	8438 Sunsprite Ct.
CITY-ST-ZIP	Orlando, FL 32818
TITLE	Vice President
NAME	Scot S. Sloan
STREET ADDRESS	8438 Sunsprite Ct.
CITY-ST-ZIP	Orlando FL 32818
TITLE	Treasurer
NAME	Scot S. Sloan
STREET ADDRESS	8438 Sunsprite Ct.
CITY-ST-ZIP	Orlando, FL 32818
TITLE	Secretary
NAME	Scot S. Sloan
STREET ADDRESS	8438 Sunsprite Ct.
CITY-ST-ZIP	Orlando FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

8/15/02

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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Dr. Scot S. Sloan 8/15/02 (407) 291-6614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #