FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 9:07

DOCUMENT # S59501 (4)

1. Corporation Name
SIGNATURE HOME CARE SERVICES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1950 DAIRY RD. WEST MELBOURNE FL 32904	1320 GREENWAY DR. SUITE 600 IRVING TX 75038

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1991	3a. Date of Last Report: 06/09/1994
4. FEI Number: 59-3156074	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 County: 25	Zip: 29 County: 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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	PD	11 TITLE	President ☒ Change ☐ Addition
NAME	CHURCH, LOUIS	12 NAME	Rick Short
STREET ADDRESS	1320 GREENWAY DRIVE SUITE 600	13 STREET ADDRESS	1320 Greenway, Suite 600
CITY-ST-ZIP	IRVING TX 75038	14 CITY ST ZIP	Irving Tx 75038
TITLE	STD	21 TITLE	Vice-President ☒ Change ☐ Addition
NAME	TOMLINSON, JERRY	22 NAME	Doug Keefer
STREET ADDRESS	1320 GREENWAY DRIVE , SUITE 600	23 STREET ADDRESS	1320 Greenway, Suite 600
CITY-ST-ZIP	IRVING TX 75038	24 CITY-ST-ZIP	Irving Tx 75038
TITLE	VCFO	31 TITLE	Secretary ☒ Change ☐ Addition
NAME	MODEN, JOLEEN	32 NAME	Barry Harding
STREET ADDRESS	1320 GREENWAY DR., SUITE 600	33 STREET ADDRESS	1320 Greenway, Suite 600
CITY-ST-ZIP	IRVING TX 75038	34 CITY ST ZIP	Irving Tx 75038
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

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

0473024 FP