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

APPROVED AND FILED
95 APR 28 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S67387** **(8)**

1. Corporation Name
SOUTHERN CROSS HOME HEALTH, INC.

Principal Place of Business	Mailing Address
5400 N UNIV DR. STE 108 DAVIE FL 33328 US	4491 SO S.R. 7 STE 200 FT LAUD FL 33314 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/17/1991
3a. Date of Last Report: 04/19/1994

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

4. FEI Number: 65-0277279 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHLICHTE, PAUL G.
2134 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: Louis W. Boisvert, III
82 Street Address (P.O. Box Number is Not Acceptable): 4491 South State Rd. 7
83: S-200
84 City: Ft. Lauderdale FL 85 Zip Code: 33314

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE	S	☒ Change ☐ Addition
NAME	BOGARD, SHARON	1.2 NAME	CAROL BERANIS O'DONNELL	
STREET ADDRESS	4491 SO S.R. 7, STE 200	1.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	SCHLICHTE, MARY E	2.2 NAME		
STREET ADDRESS	5400 SO UNIV DR, STE 108	2.3 STREET ADDRESS	NO LONGER WITH CORP.	
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☒ Change ☐ Addition
NAME	DOWNING, ANGELINE	3.2 NAME		
STREET ADDRESS	5400 SO UNIV DR. STE 108	3.3 STREET ADDRESS	NO LONGER WITH CORP.	
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	DP	☒ Change ☐ Addition
NAME	ULLRICH, KLAMM	4.2 NAME		
STREET ADDRESS	4491 SO S.R. 7, STE 200	4.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BOISVERT, LOUIS W. III	5.2 NAME		
STREET ADDRESS	4491 SO S.R. 7, STE 200	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUD FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	DOBROVOSKY, LISA	6.2 NAME		
STREET ADDRESS	4491 SO S.R. 7, STE 200	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUD FL	6.4 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: P.G. Schlichte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023100 CP