FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Feb 07 1996 8:00 am
Secretary of State

DOCUMENT # **S73891** **(1)**

1. Corporation Name
PREFERRED HOME HEALTH, INC.

Principal Place of Business	Mailing Address
8500 WEST SUNRISE BLVD. PLANTATION FL 33322	8500 WEST SUNRISE BLVD. PLANTATION FL 33322

3. Date Incorporated or Qualified: 08/16/1991
3a. Date of Last Report: 01/30/1995
4. FEI Number: 65-0307232 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21 ______ Suite, Apt. #, etc. 22 ______ City & State 23 ______ Zip 24 ______ Country 25 ______

2a. Mailing Address: 26 ______ Suite, Apt. #, etc. 27 ______ City & State 28 ______ Zip 29 ______ Country 30 ______

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**

MAINGUY, ROBERT
8500 W. SUNRISE BLVD.
PLANTATION FL 33322

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 ______

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MAINGUY, ROBERT	
STREET ADDRESS	8500 W SUNRISE BLVD.	
CITY-ST-ZIP	PLANTATION FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	David Mainguy	
1.3 STREET ADDRESS	8500 W. Sunrise Blvd.	
1.4 CITY-ST-ZIP	Plantation, FL 33322	
2.1 TITLE	VP	☐ Change ☒ Addition
2.2 NAME	Robert Mainguy	
2.3 STREET ADDRESS	8500 W. Sunrise Blvd.	
2.4 CITY-ST-ZIP	Plantation, FL 33322	
3.1 TITLE	Secretary	☐ Change ☒ Addition
3.2 NAME	Robert Mainguy	
3.3 STREET ADDRESS	8500 W. Sunrise Blvd.	
3.4 CITY-ST-ZIP	Plantation, FL 33322	
4.1 TITLE	Treasurer	☐ Change ☒ Addition
4.2 NAME	David Mainguy	
4.3 STREET ADDRESS	8500 W. Sunrise Blvd.	
4.4 CITY-ST-ZIP	Plantation, FL 33322	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: X [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1/18/96 (Date) — 954 424-2000 (Daytime Phone #)

CR2E034 (12/95)