SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUL 24 AM 8:14

DOCUMENT # S87740 (4)

1. Corporation Name
PERSONALIZED HOME HEALTH CARE, INCORPORATED

Principal Place of Business
7820 NW 16TH CT
PEMBROKE PINES FL 33024-5154
US

Mailing Address
616 N UNIVERSITY DR
BOX 143
PEMBROKE PINES FL 33024
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/17/1991
3a. Date of Last Report: 04/15/1994
4. FEI Number: 65-0291540 — Applied For / Not Applicable

2. Principal Place of Business
21 7820 N.W. 16TH CT
Suite, Apt #, etc. 22
City & State 23 PEMBROKE PINES FL
Zip 24 33024 Country 25 U.S.A.

2a. Mailing Address
26 7820 N.W 16TH CT.
Suite, Apt. #, etc. 27
City & State 28 PEMBROKE PINES FL
Zip 29 33024 Country 30 U.S.A BROWARD

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☒ — $5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
GALLAGHER, JANICE ESQ.
2950 SW 27TH AVE
STE 300
MIAMI FL 33133

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 (type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCAFEE, BETTY LOU
STREET ADDRESS	7820 N.W. 16 CT
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	DVST
NAME	STONE, ROBERT
STREET ADDRESS	7820 N.W. 16 CT
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition	
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
☐ Change ☐ Addition	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
☐ Change ☐ Addition	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
☐ Change ☐ Addition	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
☐ Change ☐ Addition	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
☐ Change ☐ Addition	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
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)(k), Florida Statutes. I further certify that the information indicated on the 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: R. Stone R. STONE 07-19-95 (305) 989 6988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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