2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **V35994** 1. Entity Name LIBERTY HOME HEALTH CARE, INC. 03-15-2000 90078 023 ***150.00 Mailing Address Principal Place of Business 4506 LB MCLEOD RD 4506 LB MCLEOD RD. STE. #F ORLANDO FL 32811-5668 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3172251 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Change ☐ Addition TITLE ☐ Delete TITLE GRIGGS, STEPHEN P. NAME NAME STREET ADDRESS STREET ADDRESS 4506 L.B. MCLEOD ROAD STE F Orlando, FL 32811 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition TITLE ☐ Delete TITLE ZIOMEK, JANET L NAME NAME STREET ADDRESS STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 ☐ Addition ☐ Change TITLE Delete TITLE NOVELL, N. SCOTT NAME STREET ADDRESS STREET ADDRESS 4506 .B. MCLEOD RD., SUITE F CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 Addition ☐ Delete TITLE TITLE LEVIN, MARC NAME NAME 910 Ridgebrook Road Sparks, MD 21152 STREET ADDRESS 10065 RED RUN BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OWINGS MILLS MD 21117** ☐ Addition X Change ☐ Delete TITLE TITLE ELKINS, MARSHALL NAME NAME 910 Ridgebrook Road Sparks, MD 21152 STREET ADDRESS STREET ADDRESS 10065 RED RUN BLVD. CITY-ST-ZIP CITY-ST-ZIP OWINGS MILLS MD 21117 ☐ Change ☐ Addition ☐ Delete TITLE

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-\$T-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

N. Scatt Novell 2/14/00 407-841-2115