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 FEB -9 PM 12:00

DOCUMENT # V60573 (5)

1. Corporation Name
ENHANCED HOME HEALTH CARE, INC.

Principal Place of Business	Mailing Address
P O BOX 53-6576 ORLANDO FL 32853-6576	P O BOX 53-6576 ORLANDO FL 32853-6576

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/28/1992
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: 59-3143938 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 24 Country 25
Zip 29 Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRIGGS, STEPHEN P
4505 LB MCLEOD ROAD, STE F
SUITE 860
ORLANDO FL 32811

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	DP	1.1 TITLE		☒ Change ☐ Addition
NAME	KENNEDY, WILLIAM P.	1.2 NAME	DELETE	
STREET ADDRESS	4506 LB MCLEOD RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☒ Change ☐ Addition
NAME	WALKER, WILLIAM A., II	2.2 NAME	DELETE	
STREET ADDRESS	250 PARK AVE S 6TH FL			
CITY-ST-ZIP	WINTER PARK FL			
TITLE	VPD		PRES/ASST. SEC./DIR	☒ Change ☐ Addition
NAME	GRIGGS, STEPHEN P.		STEPHEN P. GRIGGS	
STREET ADDRESS	4506 LB MCLEOD RD		4506 LB MCLEOD RD., STE F.	
CITY-ST-ZIP	ORLANDO FL		ORLANDO FL 32811	
TITLE	T			☒ Change ☐ Addition
NAME	IRISH, REBECCA R		SEC/TREAS/DIRECTOR	
STREET ADDRESS	4506 LB MCLEOD ROAD, STE. F.		REBECCA R. IRISH	
CITY-ST-ZIP	ORLANDO FL		4506 LB MCLEOD RD., STE F.	
TITLE	D		ORLANDO FL 32811	☒ Change ☐ Addition
NAME	WEAVER, JACK T.			
STREET ADDRESS	3120 CORRINE DR	5.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	ORLANDO FL 32803	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	WILLIAMS, LEONARD	6.2 NAME	DELETE	
STREET ADDRESS	P.O. BOX 6845 N/A	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32852	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: Rebecca R Irish 2/6/95 (407)841-2115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
REBECCA R. IRISH

0005621 CP