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 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V62413 (2)

1. Corporation Name
HOME CARE SYSTEMS OF KISSIMMEE, INC.

Principal Place of Business	Mailing Address
HOME CARE SYSTEMS OF KISSIMMEE INC. 500 WINDERLEY PLACE, SUITE 112 MAITLAND FL 32751 US	HOME CARE SYSTEMS OF KISSIMMEE INC. 500 WINDERLEY PLACE, SUITE 112 MAITLAND FL 32751 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/09/1992
3a. Date of Last Report: 06/20/1994

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

4. FEI Number: 59-3142260 ☐ 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

HAGHGOU, ROBERT B
500 WINDERLEY PLACE
SUITE 112
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name: Lichter, Hugh A
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: [signature] Director & Vice President/Treas-Sec 4/26/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent's signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☒ Change ☐ Addition
NAME	SANCHEZ, LUIS J	12 NAME	delete
STREET ADDRESS	725 E OAK ST	13 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	14 CITY-ST-ZIP	
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	LICHTER, HUGH A	22 NAME	
STREET ADDRESS	500 WINDERLEY PLACE, SUITE 112	23 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	☐ Change ☐ Addition
NAME	VARGA, JIM	32 NAME	
STREET ADDRESS	500 WINDERLEY PLACE, SUITE 112	33 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HAGHGOU, ROBERT B	42 NAME	
STREET ADDRESS	500 WINDERLEY PLACE, SUITE 112	43 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: [signature] & Director 4/26/95 (407)660-1144
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone Number

0042749 CP