

5-18-98 B 7529 C
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FILED
 May 18 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F97000002691 (0)
 1. Corporation Name
 FLAGSHIP HOME HEALTH OF BROWARD COUNTY, INC.



Principal Place of Business: ONE DEVONSHIRE PLACE SUITE 3910 BOSTON MA 02109
 Mailing Address: ONE DEVONSHIRE PLACE SUITE 3910 BOSTON MA 02109

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 4200 N.W. 16th Street
 Suite, Apt. #, etc. 22 5th Floor
 City & State 23 Lauderdale Hill, FL
 Zip 24 33313 Country 25 USA

2a. Mailing Address
 26 8000 Governor's Square Blvd.
 Suite, Apt. #, etc. 27 Suite 300
 City & State 28 MIAMI LAKES, FL
 Zip 29 33016 Country 30 USA

3. Date Incorporated or Qualified: 05/21/1997
 4. FEI Number: APPLIED FOR 58-2319041
 Applied For: 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCTD	<input type="checkbox"/> DELETE
NAME	SHEA III, FRANCIS L	
STREET ADDRESS	ONE DEVONSHIRE PLACE, STE 3910	
CITY-ST-ZIP	BOSTON MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DONOVAN, CHISTOPHER J	
STREET ADDRESS	75 STATE STREET, STE 1700	
CITY-ST-ZIP	BOSTON MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8000 Governor's Square Blvd, Suite 300
1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33016
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

CR2E034 (10/97)