

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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 APR - 5 PM 3:12

DOCUMENT # N22509 (6)
1. Corporation Name
HUDSON HEALTH CARE, INC.

Principal Place of Business Mailing Address
5603 PALMETTO ROAD NEW PORT RICHEY FL 34632 US
P.O. BOX 1058 NEW PORT RICHEY FL 34636-1058 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/16/1987** 3a. Date of Last Report **04/27/1994**
4. FEI Number **59-2871590** Applied For Not Applicable

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

5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SNOW, ROBERT BRUCE
112 NORTH ORANGE AVENUE
BROOKSVILLE FL 33512**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	LONG, WILLIAM
STREET ADDRESS	RR #3, BOX 180-C
CITY-ST-ZIP	CHEFLND FL
TITLE	D
NAME	DEAL, AGNES
STREET ADDRESS	1912 MOORE DRIVE
CITY-ST-ZIP	DADE CITY FL
TITLE	PO
NAME	OSTEEN, H.E.
STREET ADDRESS	P. O. BOX 473
CITY-ST-ZIP	TRENTON FL
TITLE	VO
NAME	HOPE, PEGGY
STREET ADDRESS	1515 JUNE AVENUE
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	D
NAME	BELL, R E
STREET ADDRESS	24 EAST BROAD STREET
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	D
NAME	SNOW, R BRUCE
STREET ADDRESS	112 ORANGE STREET
CITY-ST-ZIP	BROOKSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PO BOX 473 N/A
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 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)(b), 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 that I hold, or have been empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on the information in my address.

SIGNATURE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

31 Mar 1995 904-463-2329
Date (Date Filing)