

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 APR 28 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P01479 (5)

1. Corporation Name
KIMBERLY HOME HEALTH CARE, INC.

Principal Place of Business Mailing Address

**ONE MERRICK AVE
WESTBURY NY 11590
US**

**10990 BENSON DR
OVERLAND PARK KS 66210-1508
US**

3. Date Incorporated or Qualified 3a. Date of Last Report

04/03/1984 **04/19/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 175 BROAD HOLLOW RD	26	48-0938087	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Melville, NY	28		
Zip	Country		
24 11747	25 US		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSCO, ROBERT A	1.2 NAME	SEE ATTACHED
STREET ADDRESS	ONE MERRICK AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WESTBURY NY	1.4 CITY - ST - ZIP	
TITLE	AS	2.1 TITLE	
NAME	HART, BRADLEY D.	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14113 W 82 ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	LENEXA KS	2.4 CITY - ST - ZIP	
TITLE	DT	3.1 TITLE	
NAME	BOELSEN, THOMAS M	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ONE MERRICK AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WESTBURY NY	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	
NAME	LADEROUTE, LAURIN L JR	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ONE MERRICK AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WESTBURY NY	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	LUOPKIN, STEVE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10990 BENSON DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	OVERLAND PARK KS	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	OASTEN, CHERYL	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ONE MERRICK AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	WESTBURY NY	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 110.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: Laurin L Laderoute, Jr Date: 4/25/95 Telephone #: 516-844-7135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURIN L LADEROUTE, JR VICE PRES

BOARD OF DIRECTORS

Director **Thomas M. Boelsen** **175 Broad Hollow Road
Melville, NY 11747**

Director **Robert A. Fusco** **175 Broad Hollow Road
Melville, NY 11747**

CORPORATE OFFICERS

President **Robert A. Fusco** **175 Broad Hollow Road
Melville, NY 11747**

**Senior Vice President and
Chief Financial Officer** **Thomas M. Boelsen** **175 Broad Hollow Road
Melville, NY 11747**

**Senior Vice President and
General Counsel** **William P. Costantini** **175 Broad Hollow Road
Melville, NY 11747**

**Vice President,
Finance/Accounting
and Treasurer** **Steve Jordan** **10890 Benson Drive
Overland Park, KS 66210**

**Vice President,
Ass't General Counsel
and Secretary** **Laurin L. Laderoute, Jr.** **175 Broad Hollow Road
Melville, NY 11747**

**Vice President,
Ass't General Counsel
and Assisant Secretary** **Nancy F. Lanis** **175 Broad Hollow Road
Melville, NY 11747**

Assistant Secretary **Ruth Dixon** **10890 Benson Drive
Overland Park, KS 66210**

Assistant Secretary **Bradley E. Hart** **10890 Benson Drive
Overland Park, KS 66210**