

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01479 (5)
1. Corporation Name
KIMBERLY HOME HEALTH CARE, INC.



Principal Place of Business 175 BROAD HOLLOW RD MELVILLE NY 11747 US	Mailing Address 10890 BENSON DR OVERLAND PARK KS 66210-1508 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/03/1984	3a. Date of Last Report 04/28/1995
21. Suite, Apt #, etc	26. Suite, Apt #, etc	4. FEI Number 48-0938087	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State 175 BROAD HOLLOW ROAD MELVILLE, NY 11747-8905	ired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	icing <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 FL

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 of registered agent or both, if more than one registered agent and then if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSCO, ROBERT A	1.2 NAME	
STREET ADDRESS	ONE MERRICK AVE	1.3 STREET ADDRESS	175 BROAD HOLLOW ROAD
CITY-ST-ZIP	WESTBURY NY	1.4 CITY-ST-ZIP	MELVILLE, NY 11747-8905
TITLE	AS	2.1 TITLE	
NAME	HART, BRADLEY D.	2.2 NAME	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOELSEN, THOMAS M	3.2 NAME	
STREET ADDRESS	ONE MERRICK AVE	3.3 STREET ADDRESS	SEE ABOVE
CITY-ST-ZIP	WESTBURY NY	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADEROUTE, LAURIN L JR	4.2 NAME	
STREET ADDRESS	ONE MERRICK AVE	4.3 STREET ADDRESS	SEE ABOVE
CITY-ST-ZIP	WESTBURY NY	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, RUTH	5.2 NAME	
STREET ADDRESS	10890 BENSON DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIS, NANCY F	6.2 NAME	
STREET ADDRESS	175 BROAD HOLLOW ROAD	6.3 STREET ADDRESS	SEE ABOVE
CITY-ST-ZIP	MELVILLE 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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nancy F Lanis* 6/12/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)