

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90113 017 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P01479

1. Corporation Name
KIMBERLY HOME HEALTH CARE, INC.



Principal Place of Business Mailing Address
 175 BROAD HOLLOW RD 175 BROAD HOLLOW RD
 MELVILLE NY 11747 MELVILLE NY 11747-8905
 US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/03/1984

4. FEI Number Applied For
48-0938087 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 the current year Intangible Personal Property Tax. Yes No

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

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FUSCO, ROBERT A | 1.2 NAME | |
| STREET ADDRESS | 175 BROAD HOLLOW RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELVILLE NY | 1.4 CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOELSEN, THOMAS M | 2.2 NAME | |
| STREET ADDRESS | 175 BROAD HOLLOW RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELVILLE NY | 2.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LADEROUTE, LAURIN L JR | 3.2 NAME | |
| STREET ADDRESS | 175 BROAD HOLLOW RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELVILLE NY | 3.4 CITY-ST-ZIP | |
| TITLE | AS <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIXON, RUTH | 4.2 NAME | |
| STREET ADDRESS | 10890 BENSON DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | OVERLAND PARK KS | 4.4 CITY-ST-ZIP | |
| TITLE | VP <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANIS, NANCY F | 5.2 NAME | |
| STREET ADDRESS | 175 BROAD HOLLOW RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELVILLE NY | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

5VP Change Addition
JOHN J. COLLURA
 175 BROAD HOLLOW RD
 MELVILLE NY

VP Change Addition
PATRICIA C. MA
 175 BROAD HOLLOW RD
 MELVILLE NY

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, with all other like empowered.

SIGNATURE: *Laurin Laderoute Jr* LAURIN L LADEROUTE JR 4/20/99 516-844-7266
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 V. P

CR2E034 (11/98)