

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90098 011 \*\*\*150.00

DOCUMENT # P01479

Corporation Name  
**CT HOME HEALTH CARE, INC.**

Place of Business  
BROAD HOLLOW RD  
NY 11747

Mailing Address  
175 BROAD HOLLOW RD  
MELVILLE NY 11747-8905  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/03/1984</b>	
4. FEI Number <b>48-0938087</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	85 Zip Code	

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 \_\_\_\_\_

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P FUSCO, ROBERT A 175 BROAD HOLLOW RD MELVILLE NY	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DT BOELSEN, THOMAS M 175 BROAD HOLLOW RD MELVILLE NY	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S LADEROUTE, LAURIN L JR 175 BROAD HOLLOW RD MELVILLE NY	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS DIXON, RUTH 10890 BENSON DRIVE OVERLAND PARK KS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP LANIS, NANCY F 175 BROAD HOLLOW RD MELVILLE NY	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Handwritten entries in Block 13:  
 4.2 NAME: JOHN J. COLLURA  
 4.3 STREET ADDRESS: 175 BROAD HOLLOW RD  
 4.4 CITY-ST-ZIP: MELVILLE NY  
 5.2 NAME: PATRICIA C. MA  
 5.3 STREET ADDRESS: 175 BROAD HOLLOW RD  
 5.4 CITY-ST-ZIP: MELVILLE NY

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 L. Laderoute Jr* LAURIN L. LADEROUTE JR 4/20/00 516-844-726  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*V.P.*  
*JTC*