

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 8:34

DOCUMENT # P37975 (0)

1. Corporation Name
IN HOME HEALTH, INC.

Principal Place of Business Mailing Address
CARLSON CENTER CARLSON CENTER
601 LAKESHORE PARKWAY, SUITE 500 601 LAKESHORE PARKWAY, SUITE 500
MINNETONKA MN 55305-5214 MINNETONKA MN 55305-5214
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/19/1992 3a. Date of Last Report 07/20/1994

4. FEI Number 41-1458213 Applied For 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	FIGGE, JUDY M.
STREET ADDRESS	601 LAKESHORE PKWY, #500
CITY-ST-ZIP	MINNETONKA MN
TITLE	VS
NAME	FIGGE, KENNETH J.
STREET ADDRESS	601 LAKESHORE PKWY, #500
CITY-ST-ZIP	MINNETONKA MN
TITLE	D
NAME	LYNN, JAMES J.
STREET ADDRESS	5434 WEDGEWOOD DR.
CITY-ST-ZIP	SHOREWOOD MN
TITLE	D
NAME	FINKLE, MARC
STREET ADDRESS	117 AABC
CITY-ST-ZIP	ASPEN CO
TITLE	D
NAME	LIEBERBAUM, SHELDON
STREET ADDRESS	600 OLD COUNTRY RD.
CITY-ST-ZIP	GARDEN CITY NY
TITLE	T
NAME	KENNEDY, MIKE
STREET ADDRESS	601 LAKE SHORE PKWY., #500
CITY-ST-ZIP	MINNETONKA MN

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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	

Total fee = 200
9720-000030
PK

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)(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 the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime (Area #)