

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P37975 (0)
 1. Corporation Name
IN HOME HEALTH, INC.



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

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

3. Date Incorporated or Qualified: **03/19/1992**
 3a. Date of Last Report: **03/15/1996**
 4. FCI 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

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 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGGE, JUDY M.	1.2 NAME	PLEASE SEE ATTACHED
STREET ADDRESS	601 LAKESHORE PKWY, #500	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGGE, KENNETH J.	2.2 NAME	
STREET ADDRESS	601 LAKESHORE PKWY, #500	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, JAMES J.	3.2 NAME	
STREET ADDRESS	5434 WEDGEWOOD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHOREWOOD MN	3.4 CITY-ST-ZIP	
TITLE	PA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLEY, JOSEPH	4.2 NAME	
STREET ADDRESS	10750 COLUMBIA PIKE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS MD	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMPE, JAMES H	5.2 NAME	
STREET ADDRESS	10750 COLUMBIA PIKE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS MD	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, MIKE	6.2 NAME	
STREET ADDRESS	601 LAKE SHORE PKWY., #500	6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Handwritten Signature]*

CR2E034 (9/96)

IN HOME HEALTH, INC.

EXECUTIVE OFFICERS

	TITLE	ADDRESS
MARK L. GILDEA	CHIEF EXECUTIVE OFFICER	601 CARLSON PARKWAY, SUITE 500, MINNETONKA, MN 55305
THOMAS R. GROSS	CHIEF FINANCIAL OFFICER	601 CARLSON PARKWAY, SUITE 500, MINNETONKA, MN 55305
JEFFREY M. JASNOFF	VICE PRESIDENT-HUMAN RESOURCES	601 CARLSON PARKWAY, SUITE 500, MINNETONKA, MN 55305
KARI K. SCHELL	VICE PRESIDENT-TREASURER/SECRETARY	601 CARLSON PARKWAY, SUITE 500, MINNETONKA, MN 55305

DIRECTORS

MARK L. GILDEA	601 CARLSON PARKWAY, SUITE 500, MINNETONKA, MN 55305
JAMES J. LYNN	11555 DARNESTOWN ROAD, GAITHERSBURG, MD 20878-3200
DONALD C. TOMASSO	11555 DARNESTOWN ROAD, GAITHERSBURG, MD 20878-3200
JOSEPH R. BUCKLEY	11555 DARNESTOWN ROAD, GAITHERSBURG, MD 20878-3200
JAMES H. REMPE	11555 DARNESTOWN ROAD, GAITHERSBURG, MD 20878-3200