

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 11:10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000084122 (9)**

1. Corporation Name

**LIGHT OF LIFE HOMECARE, INC.**

Principal Place of Business

**5701 NORTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33407**

Mailing Address

**5701 NORTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33407**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/09/1993**

3a. Date of Last Report

**05/12/1994**

4. FEI Number

**65-0447967**

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

21

2a. Mailing Address

26

State, Apt. #, etc

22

State, Apt. #, etc

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**GRAY-LEWIS, LECIA J  
4000 HEATH CIRCLE S.  
WEST PALM BEACH FL 33407**

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

By: *(Signature)* Title: *(Title)*

By: *(Signature)* Title: *(Title)*

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

**GRAY-LEWIS, LECIA J**

STREET ADDRESS

**4000 HEATH CIRCLE S.**

CITY, ST, ZIP

**WEST PALM BEACH FL 33407**

TITLE

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

Change  Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

Change  Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

Change  Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

Change  Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

Change  Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

Change  Addition

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 119.03(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. I am an officer or director of the corporation or its 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 of this report, or on an attached report with an address.

SIGNATURE:

*(Signature)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*(Signature)*  
4/30/95 40718426665