


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

APPROVED
APPROVED
APPROVED
85 OCT 21 AM 8:50
86 OCT 21 AM 8:50
SECRETARY OF STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000078666
1. Corporation Name
**PRESTIGE HEALTH CARE, INC.
1170 SUNSET STRIP, SUITE 205-A
SUNRISE, FL. 33313**

Principal Place of Business Mailing Address

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

3. Date Incorporated or Qualified 12/31/94	3a. Date of Last Report June 1996
4. FEI Number 65-0531107	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LOUISE DESLANDES
2611 NW 105 Lane
Sunrise, FL. 33322**

10. Name and Address of New Registered Agent

81 Name BARBARA BRIDGEMOHAN
82 Street Address (P.O. Box Number is Not Acceptable) 3390 N.W. 30th Street
83
84 City Lauderdale Lakes
85 Zip Code FL 33311

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 **Barbara Bridgemohan** DATE **9/30/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/S/T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUISE DESLANDES	1.2 NAME	BARBARA BRIDGEMOHAN
STREET ADDRESS	2611 NW 105th Lane	1.3 STREET ADDRESS	3390 NW 30th Street
CITY-ST-ZIP	Sunrise, FL, 33322	1.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33311
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	200001967742 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	-10/08/96--01101--015
STREET ADDRESS		3.3 STREET ADDRESS	*****8.75 *****8.75
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	200001967742 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	-10/08/96--01101--016
STREET ADDRESS		4.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Barbara Bridgemohan** DATE **9/30/96** (954)584-2812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (3/96)