

**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.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000009158 (3)
1. Corporation Name

HOME PATIENT CARE, INC. (KEY WEST)



Principal Place of Business 3100-A FLAGLER STREET KEY WEST FL 33040	Mailing Address 3100-A FLAGLER STREET KEY WEST FL 33040
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3. Date Incorporated or Qualified 01/31/1995	3a. Date of Last Report n/a
4. FEI Number 65-0352509	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 3901 S.W. 47th Avenue Suite, Apt #, etc 22 Suite 405 City & State 23 Fort Lauderdale, FL Zip 24 33314	2a. Mailing Address 26 One Hook Rd. Suite, Apt #, etc 27 City & State 28 Sharon Hill, PA Zip 29 19079	Country 30 Delaware
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9. Name and Address of Current Registered Agent HORBBERGER, MARY CATHERINE 3100-A FLAGLER STREET KEY WEST FL 33040	10. Name and Address of New Registered Agent 81 Name Karon Carpenter 82 Street Address (P.O. Box Number is Not Acceptable) 3901 S.W. 47th Ave., Suite 405 83 84 City Ft. Lauderdale FL 85 Zip Code 33314
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11. Pursuant to the provisions of Sections 607.0505 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 understand the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **Karon Carpenter** 7/3/96
Signature of current registered agent and title, applicable (Not a Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D.	<input type="checkbox"/> DELETE	1.1 TITLE President/Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MIRRA, RAYMOND A JR.		1.2 NAME One Hook Road	
STREET ADDRESS 3100-A FLAGLER STREET		1.3 STREET ADDRESS Sharon Hill, PA 19079	
CITY-ST-ZIP KEY WEST FL 33040		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Kevin D. Stepanuk	
STREET ADDRESS		2.3 STREET ADDRESS One Hook Road	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Sharon Hill, PA 19079	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME John P. Mohnacs	
STREET ADDRESS		3.3 STREET ADDRESS One Hook Road	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Sharon Hill, PA 19079	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Treasurer/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Victor Battaglia	
STREET ADDRESS		4.3 STREET ADDRESS One Hook Road	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Sharon Hill, PA 19079	
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 500001908315	
CITY-ST-ZIP		5.4 CITY-ST-ZIP -07/30/96--01100--034	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE ***225.00	<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, director, or shareholder 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 13, if changed, or in all of them with an address

SIGNATURE: *[Signature]* 7/3/96 610-586-8514
SIGNATURE AND DIRECTOR PRINT NAME OF SIGNING OFFICER OR DIRECTOR **John P. Mohnacs** Date Officer Title

CRCE034 (3/96)