

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

FILED
Apr 18 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 # P96000069983 (0)

1. Corporation Name
PRIME MEDICAL HOME HEALTH CARE, INC.



Principal Place of Business: **C/O KT&S REGISTERED AGENT CORPORATION, 100 S.E. 2ND STREET, 28TH FLOOR, MIAMI FL 33131**

Mailing Address: **C/O KT&S REGISTERED AGENT CORPORATION, 100 S.E. 2ND STREET, 28TH FLOOR, MIAMI FL 33131-2100**

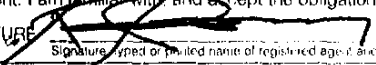
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1996	3a. Date of Last Report
21	22	26	27	4. Filing Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23		28		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		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
**KT&S REGISTERED AGENT CORPORATION
 100 SOUTH EAST 2ND STREET
 28TH FLOOR
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

B1	Name	JORGE H. RAMOS
B2	Street Address (P.O. Box Number is Not Acceptable)	2250 S.W. 3rd Ave.
B3		5th FLOOR
B4	City	MIAMI
B5	Zip Code	FL 33129

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:  DATE: **2/6/97**

12. OFFICERS AND DIRECTORS

TITLE	DIP/SIT	<input type="checkbox"/> DELETE
NAME	Cesar Valdesuso, MD	
STREET ADDRESS	3400 Coral Way, #101	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	DIP	<input type="checkbox"/> DELETE
NAME	Carlos Valdesuso	
STREET ADDRESS	3400 Coral Way, #101	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	100002150261
6.3 STREET ADDRESS	-04/22/97--01032--009
6.4 CITY-ST-ZIP	***165.00

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:  DATE: **02-11-97**

CR2E034 (9/96)