

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90129 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000034391

1. Corporation Name
HOME CARE ADVANTAGE, INC.



Principal Place of Business Mailing Address
 1512 MONTANA AVE 1512 MONTANA AVE
 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/16/1997	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3448263	
Country		Country		Applied For	
[25]		[29]		Not Applicable	
[26]		[27]		5. Certificate of Status Desired <input type="checkbox"/>	
[28]		[30]		\$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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SEPPALA, SHERRY A 1512 MONTANA AVE JACKSONVILLE FL 32207				81 Name	KAREN WRIGHT		
				82 Street Address (P.O. Box Number is Not Acceptable)	1512 MONTANA Ave		
				83			
				84 City	JAV	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: *Karen Wright* DATE: 4/26/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	KAREN WRIGHT (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEPPALA, SHERRY A		1.2 NAME	1512 MONTANA Ave	
STREET ADDRESS	11250 OLD ST. AUGUSTINE RD. #15-339		1.3 STREET ADDRESS	JAV, FL 32207	
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4 CITY-ST-ZIP		
TITLE	PVST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	KAREN WRIGHT (PVST)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEPPALA, SHERRY A		2.2 NAME	1512 MONTANA Ave	
STREET ADDRESS	11250 OLD ST. AUGUSTINE RD. #15-339		2.3 STREET ADDRESS	JAV FL 32207	
CITY-ST-ZIP	JACKSONVILLE FL 32257		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
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 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, with all other like empowered.

SIGNATURE: *Katherine Harris* DATE: 3/15/99 DAYTIME PHONE #: 306-9729

CR2E034 (1/98)