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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90059 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000036496

1. Corporation Name
INTEGRATED HOME HEALTHCARE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5970 S.W. 18TH STREET
SUITE 196
BOCA RATON FL 33433

Mailing Address
5970 S.W. 18TH STREET
SUITE 196
BOCA RATON FL 33433

3. Date Incorporated or Qualified
04/21/1998

4. FEI Number
65-0847910
Applied For
Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Table with 12 columns: OFFICERS AND DIRECTORS. Includes fields for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

Table with 13 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes.

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: [Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99 561 367 8478
Date Daytime Phone #

CR2E034 (11/98)