

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 5: 50

DOCUMENT # **V32434** (5)
1. Corporation Name
HOME HEALTH ASSOCIATES, INC.

Principal Place of Business Mailing Address
**550 EAST STRAWBRIDGE AVENUE
MELBOURNE FL 32901
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/27/1992** 3a. Date of Last Report **09/01/1994**
4. FEI Number **59-3118905** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**FRESE, GARY B.
830 S HARBOR CITY BLVD
SUITE 505
MELBOURNE FL 32901**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HIGGS, PATRICK C.
STREET ADDRESS	1803 AIRPORT ROAD
CITY- ST- ZIP	MELBOURNE FL 32901 (MHW)
TITLE	D
NAME	HIGGS, NANCY N.
STREET ADDRESS	1803 AIRPORT ROAD
CITY- ST- ZIP	MELBOURNE FL 32901 (MHW)
TITLE	D
NAME	FISHER, CHARLES M. JR.
STREET ADDRESS	550 E. STRAWBRIDGE AVENUE
CITY- ST- ZIP	MELBOURNE FL 32901 (MHW)
TITLE	D
NAME	Gentry, Barry
STREET ADDRESS	1803 AIRPORT ROAD
CITY- ST- ZIP	Melbourne, FL 32901
TITLE	D
NAME	Kevin Calhoun
STREET ADDRESS	95 Bulldog Blvd, Suite 200
CITY- ST- ZIP	Melbourne, FL 32901
TITLE	D
NAME	Forest McDowell
STREET ADDRESS	95 Bulldog Blvd
CITY- ST- ZIP	Melbourne, FL 32901

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Same	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Same	
1.3 STREET ADDRESS	Same	
1.4 CITY- ST- ZIP	Add Zip code 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	Same	
2.2 NAME	Same	
2.3 STREET ADDRESS	Same	
2.4 CITY- ST- ZIP	Add Zip code 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	Same	
3.2 NAME	Same	
3.3 STREET ADDRESS	Same	
3.4 CITY- ST- ZIP	Add Zip code 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gentry, Barry	
4.3 STREET ADDRESS	1803 AIRPORT ROAD	
4.4 CITY- ST- ZIP	Melbourne, FL 32901	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Calhoun, Kevin	
5.3 STREET ADDRESS	95 Bulldog Blvd, Suite 200	
5.4 CITY- ST- ZIP	Melbourne, FL 32901	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	McDowell, Forest	
6.3 STREET ADDRESS	95 Bulldog Blvd, Suite 200	
6.4 CITY- ST- ZIP	Melbourne, FL 32901	

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 110.07(3)(b), 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: Mark J. Willard President 3/27/95 (407) 676-1707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE