FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:43

DOCUMENT # **505506** (6)

1. Corporation Name
COMMUNITY HOME HEALTH CARE, INC.

Principal Place of Business	Mailing Address
12108 CORTEZ BLVD BROOKSVILLE FL 34613	12108 CORTEZ BLVD BROOKSVILLE FL 34613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/18/1976	01/25/1994

4. FEI Number: 59-1676557 — [ ] Applied For [ ] Not Applicable

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

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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PADOVA, ANDREW, III 12108 CORTEZ BLVD NEW PORT RICHEY, FL BROOKSVILLE FL 34613	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	[ ] Change [ ] Addition
NAME	PADOVA, ANDREW, III	1.2 NAME	
STREET ADDRESS	8715 INDIES AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	[ ] Change [ ] Addition
NAME	ORAVEC, ANDREW, JR	2.2 NAME	
STREET ADDRESS	14459 COUNTY LINE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	[ ] Change [ ] Addition
NAME	JOHNSON, DAN	3.2 NAME	
STREET ADDRESS	WMTV 4601 KENNEDY BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG BH,FL00000	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	D [X] Change [ ] Addition
NAME	JINKENS, JOSEPH	4.2 NAME	Dan Chambers
STREET ADDRESS	483 ROOSEVELT AVENUE	4.3 STREET ADDRESS	4135 Topsail Trail
CITY-ST-ZIP	MASARKYTOWN FL	4.4 CITY-ST-ZIP	~~New Port Richey, Florida 34652~~
TITLE	D	5.1 TITLE	[ ] Change [ ] Addition
NAME	TAYLOR, SHARON	5.2 NAME	
STREET ADDRESS	13209 OLD CRYSTAL RIV RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	TD [X] Change [ ] Addition
NAME	LOWMAN, MATTHEW	6.2 NAME	
STREET ADDRESS	13201 OLD CRYSTAL RVR RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE, FL 00000	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(1)(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: [signature] 1/11/95 (904) 596 1060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0370132 CP

COMMUNITY HOME HEALTH CARE, INC.
ADDITIONAL BOARD OF DIRECTORS AND OFFICERS
1/1/95

D
Dennis Taylor
7343 Royal Oak Drive
Spring Hill, Florida 34607

D
J. Daniel Miller
2429 Waterview Court
Palm Harbor, Florida 34684

NOTE: JOSEPH JINKENS WHO WAS TREASURER IN 1994 DIED LATE IN 1994. HE WAS REPLACED AS TREASURER BY MATTHEW LOWMAN.