

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

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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F13347 (2)

1. Corporation Name
FIRST AMERICAN HOME CARE OF FLORIDA, INC.



Principal Place of Business 1084 FLAGLER AVENUE LEESBURG FL 34748-7634 US	Mailing Address 3528 DARIEN HWY P.O. BOX 1058 BRUNSWICK GA 31525-2401 US
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2. Principal Place of Business 21 10065 Red Run Blvd. Suite, Apt. #, etc. 22 Owings Mills, MD City & State 23	2a. Mailing Address 26 10065 Red Run Blvd. Suite, Apt. #, etc. 27 Owings Mills, MD City & State 28
24 Zip 21117 Country USA	29 Zip 21117 Country USA

3. Date Incorporated or Qualified 12/31/1980	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2052016	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	
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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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	CEO
NAME	CHAMBERLAIN, FRANK
STREET ADDRESS	3528 DARIEN HWY
CITY-ST-ZIP	BRUNSWICK GA
TITLE	CFO
NAME	CANSLER, CHARLES
STREET ADDRESS	3528 DARIEN HWY
CITY-ST-ZIP	BRUNSWICK GA
TITLE	SDT
NAME	MILLS, DAVID G.
STREET ADDRESS	125 PALMETTO COURT
CITY-ST-ZIP	ST. SIMONS ISLAND GA
TITLE	D
NAME	MILLS, V JOEL
STREET ADDRESS	125 PALMETTO CT
CITY-ST-ZIP	ST SIMONS ISLAND GA
TITLE	D
NAME	DOBSON, ANGELA M.
STREET ADDRESS	505 INVERNESS CT.
CITY-ST-ZIP	ST. SIMONS ISL. GA
TITLE	AS
NAME	WELCH, J ALAN
STREET ADDRESS	3528 DARIEN HWY
CITY-ST-ZIP	BRUNSWICK GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President
1.2 NAME	Lawrence P. Cirka
1.3 STREET ADDRESS	10065 Red Run Blvd.
1.4 CITY-ST-ZIP	Owings Mills, MD 21117
2.1 TITLE	Secretary
2.2 NAME	Marc B. Levin
2.3 STREET ADDRESS	10065 Red Run Blvd.
2.4 CITY-ST-ZIP	Owings Mills, MD 21117
3.1 TITLE	Vice President
3.2 NAME	Mark L. Fulchino
3.3 STREET ADDRESS	10065 Red Run Blvd.
3.4 CITY-ST-ZIP	Owings Mills, MD 21117
4.1 TITLE	C.A.O.
4.2 NAME	W. Bradley Bennett
4.3 STREET ADDRESS	10065 Red Run Blvd.
4.4 CITY-ST-ZIP	Owings Mills, MD 21117
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Mark Fulchino mark Fulchino 2/24/97 (410) 998-1578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)