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Jun 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F92000000416 (9)

1. Corporation Name

PERSONAL TOUCH HOME CARE OF FL., INC.

Principal Place of Business	Mailing Address
1550 NE MIAMI GARDENS DRIVE **N. MIAMI BEACH FL 33179** **US**	**222-15 NORTHERN BLVD.** **3RD FLOOR** **BAYSIDE NY 11361-3639** **US**

3. Date Incorporated or Qualified	3a. Date of Last Report
11/30/1992	**03/15/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	**65-0372468**	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		

City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		

Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
24	25	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC. **1201 HAYS STREET** **SUITE 105** **TALLAHASSEE FL 32301**	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 **PD** ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME **GLAUBACH, FELIX DR.**	1.2 NAME
STREET ADDRESS **188-18 HILLSIDE AVENUE**	1.3 STREET ADDRESS
CITY-ST-ZIP **JAMAICA NY 11432**	1.4 CITY-ST-ZIP
TITLE **VSD** ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME **MARX, ROBERT DR.**	2.2 NAME
STREET ADDRESS **188-18 HILLSIDE AVENUE**	2.3 STREET ADDRESS
CITY-ST-ZIP **JAMAICA NY 11432**	2.4 CITY-ST-ZIP
TITLE ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE ☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

CR2E034 (9/96)

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: _____ 3/4/97   718 468 2500