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May 08 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 # F93000003166 (6)

1. Corporation Name
COLUMBIA HOMECARE GROUP, INC.



Principal Place of Business
ONE PARK PLAZA
NASHVILLE TN 37203

Mailing Address
PO BOX 570
ATTN: TAX DEPT
NASHVILLE FL 37202-0570

3. Date Incorporated or Qualified
07/09/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 PO Box 750
27 Suite, Apt. #, etc.
28 Nashville TN
29 Zip Country
30

4. FEI Number
75-2372555

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

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 (type 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	P VANDEWATER, DAVID T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	1.2 NAME	
STREET ADDRESS	NASHVILLE TN 37203	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VASD BROWN, STEPHEN T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	2.2 NAME	
STREET ADDRESS	NASHVILLE TN 37203	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VTD COLBY, DAVID C	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	3.2 NAME	Kenn Donahay, Kenneth
STREET ADDRESS	NASHVILLE TN 37203	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	DD SCHWEINHART, RICHARD A	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	4.2 NAME	DW Elton, Rosalyn
STREET ADDRESS	NASHVILLE TN 37203	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	S FRANCK, JOHN M	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	5.2 NAME	
STREET ADDRESS	NASHVILLE TN 37203	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	V JOHNSON, R. MILTON	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARK PLAZA	6.2 NAME	
STREET ADDRESS	NASHVILLE TN 37203	6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *[Signature]* DATE: 4/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # 0476772

CR2E034 (9/96)