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

APPROVED AND FILED
95 MAY 19 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005048 (4)

1. Corporation Name
HMI LIFECARE, INC.

Principal Place of Business
7995 HIGHWAY 90
SNEADS FL 32460

Mailing Address
7995 HIGHWAY 90
SNEADS FL 32460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1993
3a. Date of Last Report: 04/04/1994
4. FEI Number: 75-2096632 [ ] 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 Florida Statutes [ ] Yes [X] No

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 617.0502, 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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	PD	P/D [X] Change [ ] Addition
NAME	HOTTE, CLIFFORD E	Hotte, Clifford E.
STREET ADDRESS	80 AIR PARK DRIVE	4250 Veterans Memorial Highway (Ste. 400 West)
CITY-ST-ZIP	RONKONKOMA NY 11779	Holbrook, New York 11741
TITLE	VD	V/D [X] Change [ ] Addition
NAME	CLIFTON, ROBERT C	Clifton, Robert C
STREET ADDRESS	80 AIR PARK DRIVE	4250 Veterans Memorial Highway (Ste. 400 West)
CITY-ST-ZIP	RONKONKOMA NY 11779	Holbrook, New York 11741
TITLE	SD	D [X] Change [ ] Addition
NAME	BELLOISE, VIRGINIA	Belloise, Virginia
STREET ADDRESS	80 AIR PARK DRIVE	4250 Veterans Memorial Highway (Ste. 400 West)
CITY-ST-ZIP	RONKONKOMA NY 11779	Holbrook, New York 11741
TITLE	T	S/T [X] Change [ ] Addition
NAME	BERGMAN, DREW	Bergman, Drew
STREET ADDRESS	80 AIR PARK DRIVE	4250 Veterans Memorial Highway (Ste. 400 West)
CITY-ST-ZIP	RONKONKOMA NY 11779	Holbrook, New York 11741
TITLE	D	D [X] Change [ ] Addition
NAME	COX, J D	Cox, J D
STREET ADDRESS	80 AIR PARK DRIVE	4250 Veterans Memorial Highway (Ste 400 West)
CITY-ST-ZIP	RONKONKOMA NY 11779	Holbrook, New York 11741
TITLE	D	D [X] Change [ ] Addition
NAME	WALKER, DAVID R	Walker, David R.
STREET ADDRESS	80 AIR PARK DRIVE	4250 Veterans Memorial Highway (Ste. 400 West)
CITY-ST-ZIP	RONKONKOMA NY 11779	Holbrook, New York 11741

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: Drew Bergman CFO 4/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0411840 FP

F93-5048

ADDITIONS / CHANGES TO OFFICERS + DIRECTORS

#13

ADDITION

7.1	TITLE	V
7.2	NAME	NORMAN, MICHAEL R.
7.3	STREET ADDRESS	4250 Veterans Memorial Highway (Sts 400 West)
7.4	City, State, ZIP	Holbrook, New York 11741

ADDITION

8.1	TITLE	D
8.2	NAME	Dimitriadis, Andre.
8.3	STREET ADDRESS	4250 Veterans Memorial Highway (Sts 400 West)
8.4	City, State, ZIP	Holbrook, New York 11741