

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

FILED

Apr 29 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 # F93000005048 (4)

1. Corporation Name

HMI LIFECARE, INC.

Principal Place of Business

7885 HIGHWAY 80
SNEADS FL 32480

Mailing Address

7885 HIGHWAY 80
SNEADS FL 32480-2308



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26	1371 A ABBOTT COURT	11/08/1993	02/09/1996
22		27		4. FEI Number	Applied For
State, Apt. #, etc.		State, Apt. #, etc.		75-2096632	Not Applicable
23		28		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		<input type="checkbox"/>	
24		29		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	<input type="checkbox"/>	
25		30	LAKE	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 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 typewritten 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	1.1 TITLE	PRESIDENT
NAME	HOTTE, CLIFFORD E	1.2 NAME	JAMES MIESZALA
STREET ADDRESS	4250 VETERANS MEM HWY SUITE 400	1.3 STREET ADDRESS	1371 A ABBOTT COURT
CITY - ST - ZIP	HOLBROOK NY	1.4 CITY - ST - ZIP	BUFFALO GROVE IL 60089
TITLE	CFO	2.1 TITLE	
NAME	JUREWICZ, PAUL	2.2 NAME	WM JAMES NICOL
STREET ADDRESS	4250 VETERAN MEMORIAL HWY, SUITE 400 W	2.3 STREET ADDRESS	1371 A ABBOTT COURT
CITY - ST - ZIP	HOLBROOK NE	2.4 CITY - ST - ZIP	BUFFALO GROVE IL 60089
TITLE	SD	3.1 TITLE	
NAME	BELLOISE, VIRGINIA	3.2 NAME	
STREET ADDRESS	4250 VET MEM HWY SUITE 400	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOLBROOK NY	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	CHAIRMAN OF THE BOARD
NAME	BERGMAN, DREW	4.2 NAME	ANDRE DIMITRIADIS
STREET ADDRESS	4250 VET MEM HWY SUITE 400	4.3 STREET ADDRESS	1371 A ABBOTT COURT
CITY - ST - ZIP	HOLBROOK NY	4.4 CITY - ST - ZIP	BUFFALO GROVE IL 60089
TITLE	D	5.1 TITLE	
NAME	TRICHE, TIMOTHY S	5.2 NAME	
STREET ADDRESS	4250 VETERANS MEMORIAL HWY, SUITE 400 W	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOLBROOK NE	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	DIRECTOR
NAME	WALKER, DAVID R	6.2 NAME	MARC WEINBERG
STREET ADDRESS	4250 VET MEM HWY SUITE 400	6.3 STREET ADDRESS	1371 A ABBOTT COURT
CITY - ST - ZIP	HOLBROOK NY	6.4 CITY - ST - ZIP	BUFFALO GROVE IL 60089

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone: #

CR2E034 (9/96)