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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000397

1. Corporation Name
BIOMEDICAL HOME CARE, INC.

Principal Place of Business	Mailing Address
8208 Brown Leigh DR Raleigh, NC 27612	1000 Abernathy Road Bldg. 4; Ste. 1825 Atlanta, Georgia 30328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/24/96

2. Principal Place of Business	2a. Mailing Address
1 8208 Brown Leigh DR	26 1000 Abernathy Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
2 Raleigh, NC 27612	27 Bldg. 400 ; Ste. 1825
City & State	City & State
3 Raleigh, NC 27612	28 Atlanta, Georgia 30328
Zip / Country	Zip / Country
4 / 25	29 / 30

4. FEI Number: 56-1378753 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
The Prentise 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	D ☒ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	Rowe, Betty M.	1.2 NAME	Kohl, Daniel J.
STREET ADDRESS	8208 Brown Leigh DR	1.3 STREET ADDRESS	1000 Abernathy RD Bldg 400 Ste 1825
CITY-ST-ZIP	Raleigh, NC 27612	1.4 CITY-ST-ZIP	Atlanta, Georgia 30328
TLE	V/D ☒ DELETE	2.1 TITLE	T/D ☐ Change ☒ Addition
NAME	Shaunnessy, George D.	2.2 NAME	Follmer, Fred C.
STREET ADDRESS	8208 Brown Leigh DR	2.3 STREET ADDRESS	1000 Abernathy RD Bldg 400 Ste 1825
CITY-ST-ZIP	Raleigh, NC 27612	2.4 CITY-ST-ZIP	Atlanta, Georgia 30328
ITLE	V/S/D ☒ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
AME	Bibb, Peter J.	3.2 NAME	Mahoney, Shaun P.
TREET ADDRESS	8208 Brown Leigh DR	3.3 STREET ADDRESS	1000 Abernathy RD Bldg 400 Ste 1825
TY-ST-ZIP	Raleigh, NC 27612	3.4 CITY-ST-ZIP	Atlanta, Georgia 30328
ITLE	D ☒ DELETE	4.1 TITLE	P ☐ Change ☒ Addition
AME	Small, Harold	4.2 NAME	Hunziker, Charles N.
TREET ADDRESS	8208 Brown Leigh DR	4.3 STREET ADDRESS	8208 Brown Leigh DR
TY-ST-ZIP	Raleigh, NC 27612	4.4 CITY-ST-ZIP	Raleigh, NC 27612
LE	V/T ☒ DELETE	5.1 TITLE	S ☐ Change ☒ Addition
ME	McLeod, Charleen M.	5.2 NAME	Lay, Sonya K.
TREET ADDRESS	8208 Brown Leigh DR	5.3 STREET ADDRESS	123 Center Park DR
TY-ST-ZIP	Raleigh, NC 27612	5.4 CITY-ST-ZIP	Knoxville, TN 37922
LE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME		6.2 NAME	
TREET ADDRESS		6.3 STREET ADDRESS	
TY-ST-ZIP		6.4 CITY-ST-ZIP	

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CR2E034 (10/97)

I 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: Fred C Follmer, VP Fred C. Follmer 4/27/98 (770) 379-9000