

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

FILED
May 21 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 # G08068 (0)
1. Corporation Name
TRI-COUNTY HOME HEALTH CARE SERVICES, INC.

Principal Place of Business
1890 UNIVESITY DRIVE
STE. 205
CORAL SPRINGS FL 33071
US

Mailing Address
1890 UNIVESITY DRIVE
STE. 205
CORAL SPRINGS FL 33071-8964
US



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

3. Date Incorporated or Qualified 11/12/1982	3a. Date of Last Report 09/27/1996
4. FEI Number 59-2233006	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GETTER, JODIE
1890 UNIVERSITY DR.
STE. 205
CORAL SPRINGS FL 33071

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

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

(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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GETTER, STEVEN J.	1.2 NAME	
STREET ADDRESS	10038 VESTAL PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	33071
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GETTER, JODIE C	2.2 NAME	
STREET ADDRESS	10038 VESTAL PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	33071
TITLE	DTR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMINE, FERN	3.2 NAME	
STREET ADDRESS	1620 ROUTE 22 EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	UNION NJ 07083	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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: (X)

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0155934

CR2E034 (9/96)