

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 28 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 # G19173 (5)

1. Corporation Name
 ST. LUCIE HOME HEALTH AGENCY, INC.



Principal Place of Business
 1983 MARCUS AVE., CB 7011
 LAKE SUCCESS NY 11042
 US

Mailing Address
 1983 MARCUS AVE., CB 7011
 LAKE SUCCESS NY 11042
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 12/13/1982

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

2a. Mailing Address
 26 1983 Marcus Ave., CB 7011
 27 Suite, Apt. #, etc.
 C/o Staff Builders, Inc.
 28 City & State
 Lake Success, NY
 29 Zip Country
 11042 Nassau

4. FEI Number
 51-0173757 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 PRENTICE-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	CPD	<input type="checkbox"/> DELETE
NAME	SAVITSKY, STEPHEN	
STREET ADDRESS	1983 MARCUS AVE., CB 7011	
CITY-ST-ZIP	LAKE SUCCESS, NY.	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	SAVITSKY, DAVID	
STREET ADDRESS	1983 MARCUS AVE., CB 7011	
CITY-ST-ZIP	LAKE SUCCESS, NY.	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAVITSKY, DAVID	
STREET ADDRESS	1983 MARCUS AVENUE, CB 7011	
CITY-ST-ZIP	LAKE SUCCESS, NY.	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TIGHE, GARY	
STREET ADDRESS	1983 MARCUS AVENUE, CB 7011	
CITY-ST-ZIP	LAKE SUCCESS, NY.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VD CLIFT, DALE
4.3 STREET ADDRESS	1983 MARCUS AVENUE, CB 7011
4.4 CITY-ST-ZIP	LAKE SUCCESS, NY
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	70000260300
6.3 STREET ADDRESS	-07/30/98--01071--048
6.4 CITY-ST-ZIP	***150.00

14. 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: [Signature] 7/18/98 (516) 327-3377

CR2E034 (5/98)



1983 MARCUS AVENUE ■ C.B. 7011 ■ LAKE SUCCESS, NY 11042-7011
(516) 327-3372 ■ FAX (516) 327-8636

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July 17, 1998

Florida Secretary of State
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee FL 32302-1500

Re: St. Lucie Home Health Agency, Inc.
1998 Annual Report Filing

Dear Madam or Sir:

Enclosed please find the duly executed 1998 Florida Annual Report for the aforementioned corporation. Please file this report.

Also enclosed is a check in the amount of \$150.00, payable to the Secretary of State, representing the filing fee for this report.

In a telephone conversation with your office, we were instructed to remit a check for \$150.00, representing the original filing fee for this report, along with an explanation. We have no record of having received the first notice regarding the filing of this report. We are a large corporation with numerous subsidiaries, qualified in numerous states. We believe this is the first time this problem has arisen in Florida. Please note that we have taken steps to prevent a recurrence of the situation by amending the mailing address on the enclosed form to include "c/o Staff Builders."

Thank you in advance for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Ruth DeLessio".

Ruth DeLessio
Legal Assistant

Enclosures