SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 9:20

DOCUMENT # **G23261** **(2)**

1. Corporation Name

ALL MEDICARE HOME HEALTH AGENCY, INC.

Principal Place of Business	Mailing Address
6500 W. 110TH ST. SUITE 200 OVERLAND PARK KS 66210-1506 US	ONE MERRICK AVE WESTBURY NY 11590 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1983	3a. Date of Last Report: 04/19/1994

2. Principal Place of Business	2a. Mailing Address: 26 175 Broad Hollow Rd	4. FEI Number: 51-0173748	☐ Applied For ☐ Not Applicable
21 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State: Melville NY 11747-8905	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country: USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	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 _____ DATE
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FUSCO, ROBERT A	12 NAME	
STREET ADDRESS	~~ONE MERRICK AV~~	13 STREET AD	175 Broad Hollow Road
CITY-ST-ZIP	~~WESTBURY NY~~	14 CITY-ST-	Melville, NY 11747-8905
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	~~LUMPKIN, STEVE~~	22 NAME	
STREET ADDRESS	~~10890 BENSEN DR~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~OVERLAND PARK KS~~	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	LAUDEROUTE, LAURIN L JR	32 NAME	
STREET ADDRESS	~~ONE MERRICK AVE~~	33 STREET ADD	175 Broad Hollow Road
CITY-ST-ZIP	~~WESTBURY NY~~	34 CITY-ST-ZIP	Melville, NY 11747-8905
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	BOELSEN, THOMAS M	42 NAME	
STREET ADDRESS	~~ONE MERRICK AVE~~	43 STREET ADDRESS	175 Broad Hollow Road
CITY-ST-ZIP	~~WESTBURY NY~~	44 CITY-ST-ZIP	Melville, NY 11747-8905
TITLE	AS	51 TITLE	
NAME	HART, BRADLEY D	52 NAME	
STREET ADDRESS	10890 BENSON DR	53 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	OLSTEN, CHERYL	62 NAME	
STREET ADDRESS	~~ONE MERRICK AVE~~	63 STREET ADD	175 Broad Hollow Road
CITY-ST-ZIP	~~WESTBURY NY~~	64 CITY-ST-Z	Melville, NY 11747-8905

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not contain any false information. 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: Laura L Lydecker VP 6/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174248 FP