

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 APR -3 PM 3:52

DOCUMENT # **G86949** (6)

1. Corporation Name
TRADITIONAL HOME CARE, INC.

Principal Place of Business Mailing Address
**3250 N ANDREWS AVE EXTENSION
POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/29/1984	3a. Date of Last Report 03/01/1984
21		26		4. FEI Number 59-2377550	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	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				10. Name and Address of New Registered Agent			
MENKHAUS, DAVID J. MOORE, FARMER, MENKHAUS & JURAN P.A. 5550 GLADES RD SUITE 400 BOCA RATON FL 33431				B1 Name	Alisa S. Duke		
				B2 Street Address (P.O. Box Number is Not Acceptable)	3250 North Andrews Ave. Extension		
				B3			
				B4 City	Pompano Beach	B5 FL	B6 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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: Alisa S. Duke (Alisa S. Duke) DATE: **3/1/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	(Change Address of City Only) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, RON	1.2 NAME	
STREET ADDRESS	171 MONROE LANE	1.3 STREET ADDRESS	Lexington, S.C. 29072
CITY - ST - ZIP	COLUMBIA SC	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	(Change of Address of City Only) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEM, JOHN	2.2 NAME	
STREET ADDRESS	171 MONROE LANE	2.3 STREET ADDRESS	Lexington, S.C. 29072
CITY - ST - ZIP	COLUMBIA SC	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATHROP, CHEYRL	3.2 NAME	Jim Hardman
STREET ADDRESS	171 MONROE LANE	3.3 STREET ADDRESS	171 Monroe Lane
CITY - ST - ZIP	COLUMBIA SC	3.4 CITY - ST - ZIP	Lexington, S.C. 29072
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Ronnie L. Young (Ronnie L. Young) DATE: **3/04/95** SYSTEM NUMBER: **803 957-0580**