

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G86949** (6)  
1. Corporation Name  
**TRADITIONAL HOME CARE, INC.**



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

3. Date Incorporated or Qualified: **02/29/1984**  
3a. Date of Last Report: **04/03/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-2377550</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	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					
<del>MENKHAUS, DAVID J.</del> <del>MOORE, FARMER, MENKHAUS &amp; JURAN P.A.</del> <del>5550 GLADES RD SUITE 400-</del> <del>BOCA RATON FL 33481</del>				81	Name	<b>Alisa S. Duke</b>			
				82	Street Address (P.O. Box Number is Not Acceptable)	<b>3250 N. Andrews Ave. Extension</b>			
				83					
				84	City	<b>Pompano Beach</b>	85	Zip Code	<b>FL 33064</b>

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, 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 607.0503, Florida Statutes.

SIGNATURE: *Alisa S. Duke* (Alisa S. Duke) 4/24/96  
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	<b>P</b>	<input type="checkbox"/> DELETE	1 1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, RON</b>		1 2 NAME				
STREET ADDRESS	<b>171 MONROE LANE</b>		1 3 STREET ADDRESS				
CITY-ST-ZIP	<b>LEXINGTON SC</b>		1 4 CITY-ST-ZIP				
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE	2 1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEIM, JOHN</b>		2 2 NAME				
STREET ADDRESS	<b>171 MONROE LANE</b>		2 3 STREET ADDRESS				
CITY-ST-ZIP	<b>LEXINGTON SC</b>		2 4 CITY-ST-ZIP				
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE	3 1 TITLE	<b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>LATHROP, CHEYRL</b>		3 2 NAME	<b>Jim Hardman</b>			
STREET ADDRESS	<b>171 MONROE LANE</b>		3 3 STREET ADDRESS	<b>171 Monroe Lane</b>			
CITY-ST-ZIP	<b>LEXINGTON SC</b>		3 4 CITY-ST-ZIP	<b>Lexington, S.C. 29072</b>			
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 119.07(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* Date: **04/16/96** (803) 957-0500  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (12/95)