

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 3:51

DOCUMENT # **G89315** (7)

1. Corporation Name

TRADITIONAL HOME HEALTH OF PALM BEACH, INC.

2. Principal Place of Business

4175 S CONGRESS AVENUE
LAKE WORTH FL 33460

2a. Mailing Address

4175 S CONGRESS AVENUE
LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/08/1984

3a. Date of Last Report

03/02/1994

4. FEI Number

59-2389118

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 has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

2a. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

Country

9. Name and Address of Current Registered Agent

**MENKHAUS, DAVID J., ESQ.
MOORE, FARMER, MENKHAUS & JURAN, P.A.
5550 GLADES RD., SUITE 400
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name **Alisa S. Duke**
82 Street Address (P.O. Box Number is Not Acceptable)
3250 North Andrews Ave. Extension
83
84 City **Pompano Beach** FL 85 Zip Code **33064**

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 *Alisa S. Duke* (Alisa S. Duke)

3/2/95

Signature, typed or printed name of registered agent and the # applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	YOUNG, RON
STREET ADDRESS	171 MONROE LANE
CITY - ST - ZIP	LEXINGTON SC 29072
TITLE	V
NAME	KEM, JOHN
STREET ADDRESS	171 MONROE LANE
CITY - ST - ZIP	LEXINGTON SC 29072
TITLE	ST
NAME	LATHROP, CHEYRL
STREET ADDRESS	171 MONROE LANE
CITY - ST - ZIP	LEXINGTON SC 29072
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ST
3.3 STREET ADDRESS	Jim Hardman
3.4 CITY - ST - ZIP	171 Monroe Lane Lexington, S.C. 29072
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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	
6.3 STREET ADDRESS	
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)(b), 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 applicable, or on an attachment with an address.

SIGNATURE: *Ronnie L. Young* (Ronnie L. Young) 3/6/95 803 957-0820

SIGNATURE AND TYPE ON PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR