

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 07 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 # G89315 (7)**  
 1. Corporation Name  
**TRADITIONAL HOME HEALTH OF PALM BEACH, INC.**

Principal Place of Business Mailing Address  
**4175 S Congress Avenue Lake Worth, FL 33460**      **4175 S Congress Avenue Lake Worth, FL 33461**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21  
 Suite, Apt. #, etc 22  
 City & State 23  
 Zip 24 Country 25

2a. Mailing Address 26  
 Suite, Apt. #, etc. 27  
 City & State 28  
 Zip 29 Country 30

3. Date Incorporated or Qualified  
**03/08/1984**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**Duke, Alisa S.**  
**3250 N. Andrews Ave. Extension**  
**Pompano Beach, FL 33064**

10. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>Young, Ronnie L.</b>	
STREET ADDRESS	<b>171 Monroe Lane</b>	
CITY-ST-ZIP	<b>Lexington, SC 29072</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>Keim, John</b>	
STREET ADDRESS	<b>171 Monroe Lane</b>	
CITY-ST-ZIP	<b>Lexington, SC 29072</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>Hardman, Jim</b>	
STREET ADDRESS	<b>171 Monroe Lane</b>	
CITY-ST-ZIP	<b>Lexington, SC 29072</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>ST</b>
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>V</b>
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>700002518497</b>
63 STREET ADDRESS	<b>-05/11/98--01055--016</b>
64 CITY-ST-ZIP	<b>***150.00</b>

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: *John D. Keim* **JOHN D. KEIM** 4/29/98 (954) 973-9400

CR2E034 (10/97)