

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 S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H25803
1. Corporation Name

MOBILECARE Home Health Inc.
D/B/A Lestrage Leasing

Principal Place of Business	Mailing Address
1600 South Federal Hwy. Pompano Beach, Fla. 33062	1600 S. Federal Hwy. Pompano Bch., Fla. 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
6/30/80

2. Principal Place of Business	2a. Mailing Address
21 1600 S. Federal Hwy. Suite, Apt. #, etc.	2a 1600 S. Federal Hwy. Suite, Apt. #, etc.
22 10th Floor City & State	27 10th Floor City & State
23 Pompano Bch., Fla. Zip Country	28 Pompano Bch., Fla. Zip Country
24 33062 25 Broward	29 33062 30 Broward

4. FEI Number	Applied For
59-2464736	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

10. Name and Address of New Registered Agent

Lestrage, Nile R.
4800 N. Federal Highway
Fort Lauderdale, Fla. 33308-4607

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	1600 S. Federal Hwy., 10th floor		Pompano Bch., FL	33062

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

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
	DPST Lestrage, Nile R. 1600 S. Federal Hwy., 10 flr Pompano Bch., Fla. 33062
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	12 NAME
13 STREET ADDRESS	14 CITY-ST-ZIP
21 TITLE	22 NAME
23 STREET ADDRESS	24 CITY-ST-ZIP
31 TITLE	32 NAME
33 STREET ADDRESS	34 CITY-ST-ZIP
41 TITLE	42 NAME
43 STREET ADDRESS	44 CITY-ST-ZIP
51 TITLE	52 NAME
53 STREET ADDRESS	54 CITY-ST-ZIP
61 TITLE	62 NAME
63 STREET ADDRESS	64 CITY-ST-ZIP

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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.