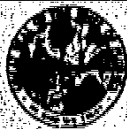


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H26536 (3)

1. Corporation Name

GULF COAST HOME HEALTH SERVICES SOUTHWEST, INC.

Principal Place of Business

**ONE MERRICK AVE.
WESTBURY NY 11590**

Mailing Address

**10890 BENSON DR.
OVERLAND PARK KS 66210**

**APPROVED
AND
FILED**

95 APR 28 AM 10:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/22/1984

3a. Date of Last Report

05/03/1994

4. FEI Number

59-2459254

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

2. Principal Place of Business

21 175 Beach Hollow Rd.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Melville, NY

City & State

28

Zip

24 11747

Country

25 US

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
%C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP

FUSCO, ROBERT A.

ONE MERRICK AVE.

WESTBURY NY 11590

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VS

LADEROUTE, LAURIN L. JR.

ONE MERRICK AVE.

WESTBURY NY 11590

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

BOELSEN, THOMAS M.

ONE MERRICK AVE.

WESTBURY NY 11590

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

HART, BRADLEY D

10890 BENSON DR.

OVERLAND PARK KS 66210-1508

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

LUMKIN, STEVE

10890 BENSON DR.

OVERLAND PARK KS 66210-1508

TITLE

NAME

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OLSTEN, CHERYL

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BOARD OF DIRECTORS

Director	Thomas M. Boelsen	175 Broad Hollow Road Melville, NY 11747
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Director	Robert A. Fusco	175 Broad Hollow Road Melville, NY 11747
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CORPORATE OFFICERS

President	Robert A. Fusco	175 Broad Hollow Road Melville, NY 11747
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Senior Vice President and Chief Financial Officer	Thomas M. Boelsen	175 Broad Hollow Road Melville, NY 11747
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Senior Vice President and General Counsel	William P. Costantini	175 Broad Hollow Road Melville, NY 11747
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Vice President, Finance/Accounting and Treasurer	Steve Jordan	10890 Benson Drive Overland Park, KS 66210
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Vice President, Ass't General Counsel and Secretary	Laurin L. Laderoute, Jr.	175 Broad Hollow Road Melville, NY 11747
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Vice President, Ass't General Counsel and Assisant Secretary	Nancy F. Lanis	175 Broad Hollow Road Melville, NY 11747
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Assistant Secretary	Ruth Dixon	10890 Benson Drive Overland Park, KS 66210
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Assistant Secretary	Bradley E. Hart	10890 Benson Drive Overland Park, KS 66210
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