2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H49823

Entity Name: BROWARD HOME CARE, INC.

FILED Jan 13, 2003 Secretary of State

Current Principal Place of Business: New	V Principal Place of Business
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2700 W. CYPRESS CREEK ROAD FT. LAUDERDALE, FL 33309

Current Mailing Address: New Mailing Address:

1000 NW 65TH STREET C/O ALLIED HEALTH CARE CORP.
SUITE 105 1000 NW 65TH STREET, SUITE 105
FT. LAUDERDALE, FL 33309 US FT. LAUDERDALE, FL 33309 US

FEI Number: 59-2543092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

IRVING, J. BRUCE 601 BRICKELL KEY DRIVE STE 801 MIAMI, FL 33131

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Title:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP () Delete Title: DP (X) Change () Addition

 Name:
 KAPLAN, RONALD,
 Name:
 KAPLAN, RONALD L

 Address:
 1000 NW 65TH ST SUITE 105
 Address:
 1000 NW 65TH STREET, SUITE 105

City-St-Zip: FT. LAUDERDALE, FL City-St-Zip: FT. LAUDERDALE, FL 33309

Title: DVS () Delete Title: DVS (X) Change () Addition Name: BRAFMAN, CAROL Name: BRAFMAN, CAROL

Address: 1000 NW 65TH ST SUITE 105 Address: 1000 NW 65TH STREET, SUITE 105

City-St-Zip: FT. LAUDERDALE, FL City-St-Zip: FT. LAUDERDALE, FL 33309

Title: AS () Delete Title: AS (X) Change () Addition

Name: IRVING, J. BRUCE,
Address: 19134 FISHER ISLAND DR Name: IRVING, J. BRUCE
19134 FISHER ISLAND DR
19134 FISHER ISLAND DR

City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL 33109

Title: T () Delete Title: T (X) Change () Addition Name: KOSCS, GREGORY Name: KOSCS, GREGORY

 Address:
 1000 NW 65TH ST SUITE 105
 Address:
 1000 NW 65TH STREET, SUITE 105

 City-St-Zip:
 FT. LAUDERDALE, FL
 City-St-Zip:
 FT. LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD L. KAPLAN PRES 01/13/2003