

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H58356 (7)
1. Corporation Name
**HOSPITALS' HOME HEALTH CARE OF HILLSBOROUGH COUN
TY, INC.**

Principal Place of Business
**3003 DR. MARTIN LUTHER KING JR. BLVD.
TAMPA FL 33607**

Mailing Address
**ATTN: BIEBEL, JOHN
ATTN: LEGAL SERVICES DEPT
TAMPA FL 33607
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Attn: Isaac Mallah	Suite, Apt. #, etc.	
22 City & State	27 3003 W. Dr. M.L.K., Jr. Blvd.	City & State	
23 Zip	28 Tampa, FL	Country	
24 33607	29 33607	30 US	

3. Date Incorporated or Qualified 05/22/1985	
4. FEI Number 59-2536879	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MALLAH, ISAAC 3003 W. MARTIN L. KING JR. BLVD TAMPA FL 33607				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 signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAWN, THOMAS M.D.		1.2 NAME	Crockett, Denton W., Jr.	
STREET ADDRESS	4710 N. HABANA AVE., SUITE 400		1.3 STREET ADDRESS	3003 W. Dr. M.L.K., Jr. Blvd.	
CITY-ST-ZIP	TAMPA FL 33614		1.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALLAH, ISAAC		2.2 NAME		
STREET ADDRESS	3003 MLK JR. BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDGERTON, BRUCE M.D.		3.2 NAME	Inzina, Tommy	
STREET ADDRESS	2706 W. DR. M.L.K. JR. BLVD., SUITE A		3.3 STREET ADDRESS	3003 W. Dr. M.L.K., Jr. Blvd.	
CITY-ST-ZIP	TAMPA FL 33607		3.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, CHARLES		4.2 NAME		
STREET ADDRESS	3003 MLK JR BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		4.4 CITY-ST-ZIP		
TITLE	VPO	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTEOLANO, NORMAN M.D.		5.2 NAME		
STREET ADDRESS	2727 W. DR. M.L.K. JR. BLVD., STE 600		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 _____

CP2E034 (10/97)