

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

FILED
Feb 12 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 # **H68900** (0)
1. Corporation Name
T.L.C. HOME HEALTH CARE, INC.

Principal Place of Business 1983 MARCUS AVE. CB 7011 LAKE SUCCESS NY 11042 US	Mailing Address 1982 MARCUS AVE CB 7011 LAKE SUCCESS NY 11042 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/30/1985	
				4. FEI Number 11-2752387	
				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 UNITED STATES CORPORATION COMPANY 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301		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	
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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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVITSKY, STEPHEN	1.2 NAME	
STREET ADDRESS	1983 MARCUS AVE CB 7011	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUCCESS NY	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVITSKY, DAVID	2.2 NAME	
STREET ADDRESS	1983 MARCUS AVENUE CB 7011	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUCCESS NY	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIGHE, GARY	3.2 NAME	
STREET ADDRESS	1983 MARCUS AVE CB 7011	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUCCESS, NY.	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVITSKY, DAVID	4.2 NAME	
STREET ADDRESS	1983 MARCUS AVENUE CB 7011	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUCCESS, NY.	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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: 

11/1/98 David Savitsky 358-1000

CR2E034 (10/97)