

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:15

DOCUMENT # H91775 (7)

1. Corporation Name
DOCTOR'S HOME HEALTH AGENCY, INC.

Principal Place of Business 1815 E. COMMERCIAL BLVD. STE 202 FT. LAUD FL 33308 US	Mailing Address 1815 E. COMMERCIAL BLVD. STE 202 FT. LAUD FL 33308 US
---	---

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/27/1985	3a. Date of Last Report 03/08/1994
4. FEI Number 59-2617296	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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip Country
---	--

9. Name and Address of Current Registered Agent
LAUSIER, CRAIG
1815 E. COMMERCIAL BLVD.
STE 202
FT. LAUD FL 33308

10. Name and Address of New Registered Agent
81 Name
R. Timothy Dunn
82 Street Address (P.O. Box Number is Not Acceptable)
1815 E. Commercial Blvd.
83 Suite 202
84 City
Ft. Lauderdale FL 85 Zip Code
33308

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 *R. Timothy Dunn* R. Timothy Dunn 02/10/95 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAUSIER, CRAIG
STREET ADDRESS	1815 E COMMERCIAL BLVD 202
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	VD
NAME	BUTTON, GEORGE
STREET ADDRESS	2780 N FEDERAL HWY
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	SD
NAME	PRIETO, OCTAVIO
STREET ADDRESS	4302 W. BROWARD BLVD.
CITY-ST-ZIP	PLANTATION FL
TITLE	TD
NAME	MADONNA, JOHN
STREET ADDRESS	2833 N. OCEAN BLVD, STE 204
CITY-ST-ZIP	FT. LAUD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/V/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dunn, R. Timothy	
1.3 STREET ADDRESS	1815 E. Commercial Blvd., #202	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL, 33308	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *R. Timothy Dunn* R. Timothy Dunn 02/10/95 305-938-2000 DATE (Date) (Printed Name)