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PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **J46619** **(9)**

1. Corporation Name

ADVANCED HOME HEALTH CARE, INC.

Principal Place of Business

107 W 19TH ST
PANAMA CITY FL 32405
US

Mailing Address

107 W 19TH ST
PANAMA CITY FL 32405
US

3. Date Incorporated or Qualified: 12/10/1986

3a. Date of Last Report: 03/28/1995

4. FEI Number: 59-2761032 [ ] 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

FOSTER, WILLIAM SCOTT
909 MAR-WALT DR
FT WALTON BEACH FL 32548

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, type or print name of registered agent (and title if applicable) NOTE: Registered Agent's signature required if registered office is changed. DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	EHRMAN, MARK L.	
STREET ADDRESS	470 TOTTEN POND RD.	
CITY-ST-ZIP	WALTHAM MA	
TITLE	D	[ ] DELETE
NAME	ESPY, STEVEN P.	
STREET ADDRESS	50 POQUITO ROAD	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	D	[ ] DELETE
NAME	SAULS, DENNIS L.	
STREET ADDRESS	2830 LONGLEAF CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	[ ] DELETE
NAME	PHILLIPS, WARREN A.	
STREET ADDRESS	1000 SUNSET LANE	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change	[ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	[ ] Change	[ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	[ ] Change	[ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	[ ] Change	[ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	[ ] Change	[ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	[ ] Change	[ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(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: WARREN A. PHILLIPS 4-1-96 (904) 769-3398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #