SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # K27241 (4)

1. Corporation Name
BAY AREA HOME HEALTH CARE, INCORPORATED

Principal Place of Business	Mailing Address
333 N FALKENBURG RD STE - E501 TAMPA FL 33619 US	333 N FALKENBURG RD STE - E501 TAMPA FL 33619 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 111 E. ROBERTSON ST.
22 Suite, Apt. #, etc.
23 City & State: BRANDON FL
24 Zip: 33511 25 County

2a. Mailing Address
26 111 E. Robertson St.
27 Suite, Apt. #, etc.
28 City & State: Brandon FL
29 Zip: 33511 30 County

3. Date Incorporated or Qualified
06/27/1988

4. FEI Number
59-2899277
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
MADHOSINGH, MARTIN L
2618 MILLER ROAD
VALRICO FL 33594

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 section 607.0502 and 607.1505, 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 I accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: (If changing Registered Agent, Registered Agent must sign here.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12 TITLE	D	13 TITLE	[ ] Change [ ] Addition
12 NAME	MADHOSINGH, MARTIN L	13 NAME	
12 STREET ADDRESS	2618 MILLER ROAD	13 STREET ADDRESS	
12 CITY-ST-ZIP	VALRICO FL	14 CITY-ST-ZIP	
12 TITLE	D	23 TITLE	[ ] Change [ ] Addition
12 NAME	MADHOSINGH, RADICA	23 NAME	
12 STREET ADDRESS	2618 MILLER ROAD	23 STREET ADDRESS	
12 CITY-ST-ZIP	VALRICO FL	24 CITY-ST-ZIP	
12 TITLE	[ ] Delete	33 TITLE	[ ] Change [ ] Addition
12 NAME		33 NAME	
12 STREET ADDRESS		33 STREET ADDRESS	
12 CITY-ST-ZIP		34 CITY-ST-ZIP	
12 TITLE	[ ] Delete	43 TITLE	[ ] Change [ ] Addition
12 NAME		43 NAME	
12 STREET ADDRESS		43 STREET ADDRESS	
12 CITY-ST-ZIP		44 CITY-ST-ZIP	
12 TITLE	[ ] Delete	53 TITLE	[ ] Change [ ] Addition
12 NAME		53 NAME	
12 STREET ADDRESS		53 STREET ADDRESS	
12 CITY-ST-ZIP		54 CITY-ST-ZIP	
12 TITLE	[ ] Delete	63 TITLE	[ ] Change [ ] Addition
12 NAME		63 NAME	
12 STREET ADDRESS		63 STREET ADDRESS	
12 CITY-ST-ZIP		64 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 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: Martin L. Madhosingh 9/30/98 (813) 654-6695

CR2E022 (95)