

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

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**Apr 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L42956 (7)
1. Corporation Name
PAYORS HOME CARE SYSTEMS, INC.



Principal Place of Business 6103 JOHNS RD., SUITE 1 TAMPA FL 33634	Mailing Address 6103 JOHNS RD., SUITE 1 TAMPA FL 33634-4428
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/16/1990	3a. Date of Last Report 03/19/1996
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 59-2986305	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PINZEL, BONNIE, J ONE TAMPA CITY CENTER, SUITE 2700 201 NORTH FRANKLIN ST TAMPA FL 33602		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL

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, of 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP CARLSTEDT, JAMES J.	1.2 NAME	
STREET ADDRESS	6103 JOHNS RD. #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FOX, THERESA	2.2 NAME	VICE PRESIDENT TONI HORAN
STREET ADDRESS	6103 JOHNS RD., #1	2.3 STREET ADDRESS	1118 FOX CHARPEL DRIVE
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	LUTZ, FL 33549
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DTV HENSLEY, HUGH, R	3.2 NAME	VICE PRESIDENT CHUCK MELENDI
STREET ADDRESS	6103 JOHNS RD #1	3.3 STREET ADDRESS	2519 N. HABANA PLACE
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL 33618
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRESIDENT WRIGHT, GLENN	4.2 NAME	
STREET ADDRESS	6103 JOHNS RD #1	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ANDERSON, CARL	5.2 NAME	SECRETARY MAGGIE FARLEY
STREET ADDRESS	P.O. BOX 270270	5.3 STREET ADDRESS	3225 HARBOR VIEW AVENUE
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA, FL 33611
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	TREASURER JENNIFER WILSON
STREET ADDRESS		6.3 STREET ADDRESS	1000 S. HARBOUR ISLAND BLVD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	# 2206 TAMPA, FL 33602

14. I do 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: *James Carlstedt* **REQUIRED** (813) 885-1312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)