


**FILE NOW: Fee after May 1, will be \$588.75**

APPROVED  
AND  
FILED

1997 FEB 14 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> 196000000469
HOME CARE AMERICA - FLORIDA, L.C. 4800 NORTH FEDERAL HIGHWAY, STE. 200A BOCA RATON FL 33431	

1a. Principal Place of Business Address
4800 NORTH FEDERAL HIGHWAY, S BOCA RATON FL 33431

2. Principal Place of Business <i>Same</i>		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
04/25/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0660906	
5. Date of Last Report	6. Certificate of Status Desired
	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
CORPORATION SERVICE, COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code
FL	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HOME CARE AMERICA, INC	4800 NORTH FEDERAL HIGHWAY	BOCA RATON FL
MGR	HOME CARE AMERICA L.C.	4800 NORTH FEDERAL HIGHWAY	BOCA RATON FL
			500002090075--4 -02/17/97--01167--011 *****8.75 *****8.75
			500002090075--4 -02/17/97--01167--012 *****203.75 *****203.75
			758P 2/14/97

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

02-03-97 561-361-9090  
Date Daytime Phone #