


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

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1997 FEB 14 AM 10:17

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> <b>\$ 203.75</b>	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 #M95000000313</b>
HOME CARE PARTNERS MANAGEMENT LLC 9939 4TH STREET NORTH ST PETERSBURG FL 33701	

1a. Principal Place of Business Address
8064 SILVER SAGE DRIVE, SUITE CARSON CITY NV 89701

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/20/1995	NV
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	88-0346438	
		5. Date of Last Report	6. Certificate of Status Desired
		07/01/1996	<input type="checkbox"/> \$25 Additional Fee Required

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
GENTZEL, GRAYSON 9939 4TH STREET NORTH ST PETERSBURG FL 33703	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

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
MGRM	HEMOCARE PARTNERS, INC	9939 4TH STREET NORTH	ST PETERSBURG FL
		900002090089--1 -02/18/97--01013--006 ****203.75 ****203.75	
		1/3/97 572-5836	

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:**  1/3/97 (813) 572-5836  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #