

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N14356 (2)  
1. Corporation Name  
ORLANDO REGIONAL HOME HEALTH SERVICES, INC.



Principal Place of Business  
601 W. MICHIGAN  
P.O. BOX 2854  
ORLANDO FL 32806  
US

Mailing Address  
POST OFFICE BOX 568828  
ORLANDO FL 32856-9917  
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/04/1986	06/19/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-2650556	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30		
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EVANS, DAVID L. 225 E. ROBINSON ST., STE. 600 ORLANDO FL 32802-9854	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 617.0502 and 617.1508, 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 617.0503, 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	NAME	TITLE	NAME
PO	BICE, STEVEN C	1.1 TITLE	
601 W MICHIGAN ST		1.2 NAME	
ORLANDO FL		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
SD	RUDLOFF, BETH	2.1 TITLE	SD
601 W MICHIGAN ST		2.2 NAME	Jean Fulbright
ORLANDO FL		2.3 STREET ADDRESS	1414 S. Kuhl Avenue
		2.4 CITY - ST - ZIP	Orlando, FL
T	THOMSON, JENNIFER	3.1 TITLE	Mike Barrett
601 W MICHIGAN ST		3.2 NAME	2301 Lucien way Suite 440
ORLANDO FL		3.3 STREET ADDRESS	Marietta, FL 32751
		3.4 CITY - ST - ZIP	
CD	WRIGHT, R.ROY	4.1 TITLE	CD
1414 S KUHL AVENUE		4.2 NAME	Paul Goldstein
ORLANDO FL		4.3 STREET ADDRESS	1414 S. Kuhl Ave
		4.4 CITY - ST - ZIP	Orlando, FL
D	REED, SUE	5.1 TITLE	
1414 S. KUHL AVENUE		5.2 NAME	
ORLANDO FL		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
D	JAGGER, DILYS	6.1 TITLE	
1414 S. KUHL AVENUE		6.2 NAME	
ORLANDO FL		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0004868

CR2E037 (3/96)