ANNUAL 19	PROFIT DRATION L REPORT		FLORIDA DEPARTI Sandra B. Secretary DIVISION OF CO	Mortham of State			
orporation Na			(2)				
ORLAND	OO REGIONAL HOME	HEALTH S	SERVICES, INC.				
ipal Place of	f Business	Mai	iling Address				BL
W. MICHIGA BOX 2854	N .		OST OFFICE BOX 56882 RLANDO FL 32856-9917	8			
LANDO FL 32	2806	US	3		3. Date Incorporated or Qualified 04/04/1986	3a. Date o	f Last Report 5/19/1995
rincipal Plac	e of Business	<u> </u>	Mailing Address		4. FEI Number 59-2650556	<u> </u>	Applied For Not Applicabl
iuite, Apt. #,	etc.	26	Suite, Apt. #, etc.		5. Certificate of Status Desired	<u></u> \$	8.75 Additional Fee Required
City & State		27	City & State	Men.	Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
.ip	Country	28	Zip	Country	8. This corporation has liability for	intangible tax	
	25 9. Name and Address of Ci	29 Irrent Regist	ered Agent	30	Florida Statutes  10. Name and Address of New Re		
ORLAND	ROBINSON ST.,STE.600 DO FL 32802-9854	7,0502 and 61	17.1508, Florida Statute la Such channe was a	83  84 City  es, the above-named couthorized by the corporation	orporation submits this statement for the pation's board of directors. I hereby accep	FL	35 Zip Code inging its registered nent as registered
Pursuant to office or reg agent. I am	the provisions of Sections 61: gistered agent, or both, in the familiar with, and accept the	obligations of	, Section 617.0503, Flo	84 City as, the above-named couthorized by the corporation of the corp	soured when reinstating)	purpose of cha of the appointm	inging its registered nent as registered
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