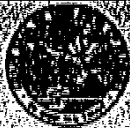


**CORPORATION
ANNUAL REPORT
1995**



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

**AND
FILED**
95 MAR 23 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27112 (4)
1. Corporation Name
CATHOLIC HOME HEALTH SERVICES OF BROWARD, INC.

Principal Place of Business Mailing Address
**4740 N STATE RD 7
STE 100
LAUDERDALE LAKES FL 33319**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/23/1988** 3a. Date of Last Report **03/01/1994**
4. FEI Number **65-0062205** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**FITZGERALD, J. PATRICK
110 MERRICK WAY STE. 2C
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
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 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, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PENNEKAMP, TOM
STREET ADDRESS	1434 SOUTH MIAMI AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	JOHNSON, BROTHER PAUL
STREET ADDRESS	C/O 726 N.E. 1ST AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	HENNESSEY, WILLIAM, REV.
STREET ADDRESS	5801 S FLAMINGO ROAD
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	EV
NAME	WHITTAKER, KENNETH D., REV.
STREET ADDRESS	7525 N.W. 2ND AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	MC CARTHY, EDWARD A., REV.
STREET ADDRESS	9401 BISCAYNE BOULEVARD
CITY - ST - ZIP	MIAMI SHORES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	EVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Vaughan, John J., Rev.	
5.3 STREET ADDRESS	c/o 9401 Biscayne Boulevard	
5.4 CITY - ST - ZIP	Miami Shores, FL 33138	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 110.07(3)(b), 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 trustee 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: *Kenneth D. Whittaker* **Kenneth, D. Whittaker** 2/24/95 305-739-6233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)