FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -6 AM 6:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004164 (9)

1. Corporation Name

SEVHD HOME HEALTH, INC.

Principal Place of Business	Mailing Address
401 PALMETTO ST NEW SMYRNA BEACH FL 32168	401 PALMETTO ST NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1994
3a. Date of Last Report:
4. FEI Number: [X] Applied For [ ] Not Applicable

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

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

9. Name and Address of Current Registered Agent

HEEKIN, JAMES F JR ESQ
215 N EOLA DR
ORLANDO FL 32701

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	D [X] Change [ ] Addition
NAME	~~KISH, ALEX~~	NAME	Arden W. Kelley
STREET ADDRESS	401 PALMETTO ST	STREET ADDRESS	401 Palmetto Street
CITY ST ZIP	NEW SMYRNA BEACH FL 32168	CITY ST ZIP	New Smyrna Beach, FL 32168
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	MASSEY, JOHN	NAME	
STREET ADDRESS	401 PALMETTO ST	STREET ADDRESS	
CITY ST ZIP	NEW SMYRNA BEACH FL 32168	CITY ST ZIP	
TITLE	D	TITLE	D [X] Change [ ] Addition
NAME	~~SPENCER, JOHN~~	NAME	Richard Bailey
STREET ADDRESS	~~401 PALMETTO ST~~	STREET ADDRESS	401 Palmetto Street
CITY ST ZIP	NEW SMYRNA BEACH FL 32168	CITY ST ZIP	New Smyrna Beach, FL 32168
TITLE	D	TITLE	D [X] Change [ ] Addition
NAME	~~CASLEN, ROBERT L~~	NAME	Frances R. Ford
STREET ADDRESS	401 PALMETTO ST	STREET ADDRESS	401 Palmetto Street
CITY ST ZIP	NEW SMYRNA BEACH FL 32168	CITY ST ZIP	New Smyrna Beach, FL 32168
TITLE	D	TITLE	P [ ] Change [X] Addition
NAME	SHOBERT, DONALD	NAME	James F. Foster
STREET ADDRESS	401 PALMETTO ST	STREET ADDRESS	401 Palmetto Street
CITY ST ZIP	NEW SMYRNA BEACH FL 32168	CITY ST ZIP	New Smyrna Beach, FL 32168
TITLE	D	TITLE	D [ ] Change [X] Addition
NAME	ALBRIGHT, JOHN M	NAME	Aubrey S. Lunsford
STREET ADDRESS	401 PALMETTO ST	STREET ADDRESS	401 Palmetto Street
CITY ST ZIP	NEW SMYRNA BEACH FL 32168	CITY ST ZIP	New Smyrna Beach, FL 32168

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] 3/27/95 (904) 424-5001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James R. Foster, President

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