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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 10:23

DOCUMENT # N94000004175 (5)

1. Corporation Name
RESOURCE HOME HEALTHCARE, INC.

Principal Place of Business	Mailing Address
1800 MERCY DRIVE ORLANDO FL 32808	1800 MERCY DRIVE ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1994
3a. Date of Last Report:
4. FEI Number: [X] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $9.75 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 [X] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[X] Change [ ] Addition
NAME	COATS, ROBERT B JR	12 NAME	311 Dawnbrook Dr.
STREET ADDRESS	4318 DOWNTOWNER LOOP NO, SUITE T	13 STREET ADDRESS	Flat Rock, NC
CITY-ST-ZIP	MOBILE AL 36609	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	[ ] Change [ ] Addition
NAME	COATS, BRYANT G	22 NAME	
STREET ADDRESS	3060 PEACHTREE ROAD, NW, SUITE 1150	23 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	[ ] Change [ ] Addition
NAME	BRADEEN, CHET H	32 NAME	
STREET ADDRESS	2041 RIVERSIDE DR	33 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43221	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	[X] Change [ ] Addition
NAME	OAKES, HOWARD	42 NAME	1932 N. Druid Hills
STREET ADDRESS	5901-B PEACHTREE DUNWOODY RD, SUITE 500	43 STREET ADDRESS	Atlanta, GA
CITY-ST-ZIP	ATLANTA GA 30328	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	[ ] Change [ ] Addition
NAME	WALKER, WILLIAM P	52 NAME	
STREET ADDRESS	LAKE MARTIN, RURAL ROUTE 3 BOX 206	53 STREET ADDRESS	
CITY-ST-ZIP	DADEVILLE AL 36853-9328	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	[ ] Change [ ] Addition
NAME	NORTHCUTT, CHARLES W III	62 NAME	
STREET ADDRESS	305 NORTH EAST STREET	63 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL 36302	64 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)(i), 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: _____ 5/24/95 (407) 295-5151
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert B. Coats, Jr.

X1020

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