


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P01479 (5)		
1. Corporation Name KIMBERLY HOME HEALTH CARE, INC.		



Principal Place of Business 175 BROAD HOLLOW RD MELVILLE NY 11747 US	Mailing Address 10890 BENSON DR OVERLAND PARK KS 66210-1508 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	3. Date Incorporated or Qualified 04/03/1984	3a. Date of Last Report 04/28/1995
		4. FEI Number 48-0938087	Applied For Not Applicable
		8.75 Additional Fee Required	
		5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 85 Zip Code FL
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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

Signature typed or printed name of registered agent and for if applicable

(NOTE: Registered Agent's signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FUSCO, ROBERT A ONE MERRICK AVE WESTBURY NY	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	175 BROAD HOLLOW ROAD MELVILLE, NY 11747-8905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HART, BRADLEY D. 14113 W 82 ST LENEXA KS	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BOELSEN, THOMAS M ONE MERRICK AVE WESTBURY NY	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	SEE ABOVE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LADEROUTE, LAURIN L JR ONE MERRICK AVE WESTBURY NY	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	SEE ABOVE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS DIXON, RUTH 10890 BENSON DRIVE OVERLAND PARK KS	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LANIS, NANCY F 175 BROAD HOLLOW ROAD MELVILLE NY	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	SEE ABOVE

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

Signature Blank

CR2E034 (3/96)