FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000004117 (6)

1. Corporation Name
T. W. HEALTH CARE SERVICES INC.

Principal Place of Business	Mailing Address
349 N.W. 16TH STREET SUITE 107 BELLE GLADE FL 33430	349 N.W. 16TH STREET SUITE 107 BELLE GLADE FL 33430

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 01/13/1993
3a. Date of Last Report: 10/05/1994
4. FEI Number: 65-0382770 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has tangible or intangible tax under s. 199.032 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WRIGHT, SHARON T 6965 S.W. 36TH DRIVE MIRAMAR FL 33023	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	PD	11 TITLE	[ ] Change [ ] Addition
NAME	WRIGHT, SHARON T	12 NAME	
STREET ADDRESS	6965 S.W. 36TH DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	[ ] Change [ ] Addition
NAME	THOMAS, BERNICE	22 NAME	
STREET ADDRESS	792 LEMONGRASS LANE	23 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	[ ] Change [ ] Addition
NAME	THOMAS, KENNETH D	32 NAME	
STREET ADDRESS	341 LOLLY LANE	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S. Thomas Wright — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/1/95 — Daytime Phone #: 407-992-7678

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