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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # P93000014571 (2)

ELITE HOME HEALTH CARE, INC.

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156 W. ROB #D-23	ERTSON	156 W. ROBERTSON				1			
BRANDON F	L 33511	#D-23 Brandon FL 33511							
US		US				3. Date Incorporated or Qualified	3a. Da	ite of Las	Beoort
2. Principal Pl	lace of Business					02/19/1993	1	04/26/1	
11 THOOPERT	lace of business	2a. Mailing Address				4. FEI Number		- ,, 	Applied For
Suite, Apt.	#. etc.	26				59-3165383			Not Applicable
2	, ====	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.	75 Additional
City & State	9	City & State				6.5			e Required
3		28				6. Efection Campaign Financing Trust Fund Contribution			.00 May Be
Zip	Country	Zip	Coun	ntry				Ade	ded to Fees
4	25	29	30	•		8. This corporation has liability for Florida Statutes	Intangible	tax under	s 199.032,
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New F		Agent	
			8	81	Name		3.0.0.0	- Agoint	
	MARGARET			82	Street Addres	ss (P.O. Box Number is Not Acceptab			
	ROBERTSON		[Otroot Addie	ss (F.O. Box nulliber is not acceptat	ole)		
#D-23			Ē	В3					
BRANDO	N FL 33511		ها ا	84	City				
4 D					-		FL	85	2 p Code
or registere	o the provisions of Sections 607.050 ∍d agent, or both, in the State of Flor	2 and 607,1508, Florida Statut	es, the above	e-na	med corporat	tion submits this statement for the pur	pose of ch	angino its	registered office
familiar with	h, and accept the obligations of, Sec	tion 607.0505, Florida Statutes	sed by the co. S.	rpor	ation's board	ion submits this statement for the pur of directors. I hereby accept the appo	pintment a	s registere	agent. I am
IGNATURE	Charles and the second								
	Signature, typed or printed name of registered agen	it and title if applicable (NC	TE: Registered Ag	gent s	ignature required v	(beo reinstation)			
2.							DATE		
2.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI		DIRECT	ORS IN 12
LE	VP	ID DIRECTORS	13.	.E			CERS AN	DIRECT Change	
LE ME	VP BEASLEY, VIOLET C		13. 1 1 THU 1.2 NAME	.E			CERS AN		
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SIGNATURE:

SIGNATURE AND TYPEO OF PRINTED NAME OF STONING OFFICER OR DIRECTOR

ADUAG (813)65X-