

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000014571 (2)

1. Corporation Name

ELITE HOME HEALTH CARE, INC.

FILED  
97 AUG 11 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 156 W. ROBERTSON #D-23 BRANDON FL 33511 US		Mailing Address 156 W. ROBERTSON #D-23 BRANDON FL 33511-5112 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/19/1993	3a. Date of Last Report 05/01/1996
21	26	4. FEI Number 59-3165383	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DAVIS, MARGARET 156 W ROBERTSON #D-23 BRANDON FL 33511		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASLEY, VIOLET C	1.2 NAME	
STREET ADDRESS	1601 FLAMINGO LANE	1.3 STREET ADDRESS	1643 Ledgestone Dr
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP	Brandon FL 33511
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, MARGARET C	2.2 NAME	
STREET ADDRESS	1811 PRINETON LAKES DR, APT 502	2.3 STREET ADDRESS	1407 Scotch Pine Dr
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	Brandon FL 33511
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	000002266790--1
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-08/14/97--01045--001
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	000002266790--1
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-08/14/97--01045--002
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	****393.75 ****393.75
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret Davis 7/21/97 913-454-7445

CR2E034 (9/96)