

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 1:49

DOCUMENT # P93000032822 (7)

1. Corporation Name

ADVANTAGE HOME HEALTH CARE, INC.

Principal Place of Business

4506 LB MCLEOD RD
STE F
ORLANDO FL 32811

Mailing Address

P.O. BOX 536576
ORLANDO FL 32853

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/29/1993
3a. Date of Last Report 04/29/1994

4. FEI Number 59-3221396
Applied For Not Applicable

2. Principal Place of Business

21
Suits, Apt. #, etc.

2a. Mailing Address

26
Suits, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

22
City & State

27
City & State

23
Zip

25
Country

28
Zip

30
Country

9. Name and Address of Current Registered Agent

SIMSER, THOMAS A JR.
390 N ORANGE AVE
STE 600
ORLANDO FL 32802-1391

10. Name and Address of New Registered Agent

81
82
83
84
STEPHEN P. GRIGGS
4506 LB MCLEOD ROAD
SUITE F
ORLANDO FL 32811

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

Stephen P. Griggs

2/6/95

Signature of current 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
NAME	KENNEDY, WILLIAM P
STREET ADDRESS	4506 L.B. MCLEOD RD., SUITE F
CITY-ST-ZIP	ORLANDO FL 32811
TITLE	D
NAME	GRIGGS, STEPHEN P
STREET ADDRESS	4506 L.B. MCLEOD RD., SUITE F
CITY-ST-ZIP	ORLANDO FL 32811
TITLE	D
NAME	WALKER, WILLIAM A II
STREET ADDRESS	250 PARK AVE. SOUTH, 5TH FLOOR
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	TD
NAME	IRISH, REBECCA R.
STREET ADDRESS	4506 LB MCLEOD RD STE F
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	WILLIAMS, LEONARD
STREET ADDRESS	P.O. BOX 8845 N/A
CITY-ST-ZIP	ORLANDO FL 32852
TITLE	D
NAME	WEAVER, JACK T.
STREET ADDRESS	3120 CORRINE DR
CITY-ST-ZIP	ORLANDO FL 32803

1.1 TITLE	DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRES/ ASST. SEC/ DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SEC/TREAS/ DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attached list with an address.

SIGNATURE:

Rebecca R. Irish
REBECCA R. IRISH

2/6/95 (407) 841-2115

Print name and typed or printed name of signing officer or director

Date (Signature Block 8)