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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 14 AM 11:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000032822**

1. Corporation Name
HOME CARE SOLUTIONS OF MURRAY, INC.

Principal Place of Business	Mailing Address
4506 LB MCLEOD RD STE F ORLANDO FL 32811	P.O. BOX 536576 ORLANDO FL 32853

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified
04/29/1993

4. FEI Number
59-3182446
[ ] Applied For
[ ] Not Applicable

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 owes the current year intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is N.A. 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
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	[ ] DELETE	11 TITLE	[X] Change	[ ] Addition
NAME	GRIGGS, STEPHEN P		12 NAME		
STREET ADDRESS	4506 L.B. MCLEOD RD., SUITE F		13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		14 CITY-ST-ZIP	Orlando, FL 32811	
TITLE	VP	[ ] DELETE	21 TITLE	[ ] Change	[ ] Addition
NAME	ZIOMEK, JANET L		22 NAME		
STREET ADDRESS	4506 L.B. MCLEOD RD., SUITE F		23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811		24 CITY-ST-ZIP		
TITLE	S	[ ] DELETE	31 TITLE	[ ] Change	[ ] Addition
NAME	NOVELL, N. SCOTT		32 NAME		
STREET ADDRESS	4506 L.B. MCLEOD RD., SUITE F		33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811		34 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	41 TITLE	[ ] Change	[ ] Addition
NAME	LEVIN, MARC		42 NAME		
STREET ADDRESS	10065 RED RUN BLVD.		43 STREET ADDRESS		
CITY-ST-ZIP	OWINGS MILLS MD 21117		44 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	51 TITLE	[ ] Change	[ ] Addition
NAME	ELKINS, MARSHALL		52 NAME		
STREET ADDRESS	10065 RED RUN BLVD.		53 STREET ADDRESS	700002876257--6	
CITY-ST-ZIP	OWINGS MILLS MD 21117		54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE	[ ] Change	[ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: N. Scott Novell — 4/27/99 — 407-841-2115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number