

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

FILED
May 12 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P93000037296 (9)
1. Corporation Name
SPECIALIZED HOME HEALTH CARE SERVICES, INC.



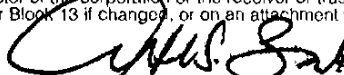
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|--|--|---|--|
| Principal Place of Business 1211 NORTH WESTSHORE BLVD SUITE #01 TAMPA FL 33607 US | | Mailing Address P.O. BOX 3014 BRANDON FL 33509-3014 US | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | |
| 22. City & State | | 27. City & State | |
| 23. Zip | | 28. Zip | |
| 24. Country | | 29. Country | |
| 25. Country | | 30. Country | |
| 9. Name and Address of Current Registered Agent CUNNINGHAM, JULIA 3308 WEST CARACAS STREET TAMPA FL 33614 | | 10. Name and Address of New Registered Agent | |
| 81. Name | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | | 84. City | |
| 85. Zip Code | | 86. 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 (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|----------------------------|-------------------------|---|-------------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | P | 1.1 TITLE | D |
| NAME | BARLAAN, JOCELYN L | 1.2 NAME | RAFFINAN, JOSE A |
| STREET ADDRESS | 3506 COUNTRY CREEK LANE | 1.3 STREET ADDRESS | 2625 WESTVIEW CT. |
| CITY-ST-ZIP | VALRICO FL | 1.4 CITY-ST-ZIP | CLEARWATER, FL. 34621 |
| TITLE | D | 2.1 TITLE | D |
| NAME | WISEMAN, TIMOTHY | 2.2 NAME | RAFFINAN, MARIA R. |
| STREET ADDRESS | 4456 EDWARDS ROAD | 2.3 STREET ADDRESS | 2625 WESTVIEW CT. |
| CITY-ST-ZIP | PLANT CITY FL | 2.4 CITY-ST-ZIP | CLEARWATER, FL 34621 |
| TITLE | ST | 3.1 TITLE | D |
| NAME | BARLAAN, ARTHUR S | 3.2 NAME | MOSQUERA, BENJAMIN P |
| STREET ADDRESS | 3506 COUNTRY CREEK LANE | 3.3 STREET ADDRESS | 681 BAY LAUREL CT, NE |
| CITY-ST-ZIP | VALRICO FL | 3.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33703 |
| TITLE | D | 4.1 TITLE | D |
| NAME | SCHINTSKY, ARTHUR | 4.2 NAME | MOSQUERA, DOLORES N. |
| STREET ADDRESS | 6004 84TH DRIVE W | 4.3 STREET ADDRESS | 681 BAY LAUREL CT., NE |
| CITY-ST-ZIP | BRADENTON FL | 4.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33703 |
| TITLE | | 5.1 TITLE | D |
| NAME | | 5.2 NAME | ACOSTA, EMMANUEL G. |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 18605 AVENUE MONACO |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | LUTZ, FL 33549 |
| TITLE | | 6.1 TITLE | D |
| NAME | | 6.2 NAME | ACOSTA, AMADA Y. |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 18605 AVENUE MONACO, LUTZ, FL |
| 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:  ARTHUR S. BARLAAN 4/30/97 813-289-7704

CR2E034 (9/96)