PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000044755

1 ON 1 HOME HEALTH SERVICES, INC.

Principal Place	e of Business	Mailing Address		(Påttidås (så 1818 Frite Barte assur anus	I 49th Bibli Bibli 1884t Brit. Die cont	
7027 W BROWA	ARD BLVD	1951 SW 52ND TER				
STE 251 Plantation fl	1 20047	PLANTATION FL 33317 US		DO NOT WRITE IN	THIS SPACE	
US TEANIAIREM FE	L 33317	05		3. Date Incorporated or Qualifed	····	1
1				06/24/1993		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0421129	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27	<u></u>		:Fee Required	{
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23	- Country	28	Country	Trust Fund Contribution		
<i>Z</i> ip	Country	Zip	: Country	-8. This corporation owes the current yo Personal Property Tax.	Yes DO	
24	9. Name and Address of Curre		<u> </u>	10. Name and Address of New Regist		
			81 Name			
ELIS	on, leslie s		82 Street	Address (PVD. Box Namber is Net Acceptable)	<u> </u>	ł
	I SW 52ND TER		02 3(1861)	Address (Fig. Box Manipol is Mat Acceptable)		ļ
PLAN	NTATION FL 33317		83			•
			84 City		85 Zip Code	
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office or n	enistered enent or both in the State	of Florida. Such change was aut	horized by the corbo	corporation submits this statement for the purporation's board of directors. I hereby accept the a	se of changing its registered appointment as registered	
office or n agent, I as	egistered agent, or both, in the State in familiar with and accept the obliga	of Florida. Such change was automs of, Section 607.0505, Florid	horized by the corpo la Statutes.	radion's poard of directors. Thereby accept the C	se of changing its registered appointment as registered	
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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.

6.3 STREET ADORESS

64 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90093 013 ***150.00