

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

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95 APR 27 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000084611 (1)
1. Corporation Name
EXTENDED NURSING CARE, INC.

Principal Place of Business Mailing Address
5147 COMMERCIAL WAY 5147 COMMERCIAL WAY
SPRING HILL FL 34606 SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 5135 Commercial Way		26 5135 Commercial Way		12/10/1993	04/25/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 Suite G		27 Suite G		59-3216048	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Spring Hill, FL		28 Spring Hill, FL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	9. This corporation has liability for intangible tax under S. 193.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 34606	25 Hernando	29 34606	30 Hernando		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FREY, PAUL W 5147 COMMERCIAL WAY SPRING HILL FL 34677				81 Name	Frey, Paul W.		
				82 Street Address (P.O. Box Number is Not Acceptable)	5135 Commercial Way, Ste G		
				83 City	Spring Hill		
				84 City	Spring Hill	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 re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, PAUL W	1.2 NAME	Frey, Paul W.
STREET ADDRESS	5147 COMMERCIAL WAY	1.3 STREET ADDRESS	5135 Commercial Way, Suite G
CITY - ST - ZIP	SPRING HILL FL	1.4 CITY - ST - ZIP	Spring Hill, FL 34606
TITLE	D	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, SUSAN J	2.2 NAME	Frey, Susan J.
STREET ADDRESS	5147 COMMERCIAL WAY	2.3 STREET ADDRESS	5135 Commercial Way, Suite G
CITY - ST - ZIP	SPRING HILL FL	2.4 CITY - ST - ZIP	Spring Hill, FL 34606
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul W. Frey Paul W. Frey 4/24/95 904-597-0500
(Signature Printed Name of Signing Officer or Director) (Date) (Telephone Number)