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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000049314 (5)

ETA HOME HEALTH CARE, INC.

FILED Feb 19 1997 8:00am Secretary of State



, , , , , , , , , , , , , , , , , , ,	ice of Business	Mailing Address			1 (89)1881	AT ATRI SAM SAM HUM SAM	AMILIA BIRIR II	#1## (11#1.11#11	
4508 LB. MCLEOD RD., STE. F P.O. BOX 53-6576						•			
ORLANDO FL	32811	ORLANDO FL 32853-8576				:			
					3. Date Inc	orporated or Qualified		e of Last Re 7/1996	eport
Principal Place of Business		2a. Mailing Address 26			· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-3272065		Applied For Not Applicab	
Suite. Apt	t. #. etc.	Suite, Apt #, etc.				e of Status Desired		\$8.75 A	
City & Sta	ate	City & State			i	Campaign Financing	<u>ー</u> ノ	\$5.00 Added 1	•
Zip	Country	Zip	Countr	у		oration has liability for in		ax under s.	
l	25	29	30	· · · · · · · · · · · · · · · · · · ·	Florida S		Yes .		-
	9, Name and Address of Curr	rent Registered Agent				nd Address of New Res	pistered A	gent	·
GR	iggs, stephen P.		81	1 Name					
	06 LB MCLEOD ROAD		8	2 Street	Address (P.O. Box N	lumber is Not Acceptable	lei		
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	LANDO FL 32811		8:	3					
			8	4 City				85 Zip (Code
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2.	Signature Typed or printed name of registered a OFFICERS A		E: Hegistered A	gent signatur	re required when reinstating)	and the second second	DATE		
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14. I do hereby certify that the information supplied with this filling 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 proof or supplemental annual report are used accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or of rector of the corrivation or the receiver or truster employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is charged, or on an attachment with an address.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SHELLING OFFICEN OR DIRECTOR RESERVEN R. IRI SH

(407)\$4/-2/15 Dayline Phone #