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

PROFIT CORPORATION ANNUAL REPORT

1996



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

7   1   2   2   2   2   2   2   2   2   2	LA NUF	ISE HOME HEALTH CARE	SERVICES, INC.					
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2. Margar Andress   2. M		CH FL 33483		183				
Salte, Apt. P. etc.    Salte, Apt. P. etc.	2. Principal Pl	incipal Place of Business 2a. Mailing Address						_
27	21		26				APPERD FOR 65-0527-542 Not Applicable	ė
Trust Fund Contribution   Added to Fees   Ad	<del></del>		<del></del>					
Zép Courtiny 20   September 1990 (202   20   30   30   50   50   50   50   50   5			<b>├</b> ──₁ '			Ψ <b>0.00</b> May be		
S. Name and Address of Current Registered Agent	Zip			<del>-</del>	ntry	8. This corporation has liability for intangible tax under s 199.032,		
SMEJKAL SABINA Z  AROS 61ST WAY  - #A  BOCA RATON FL 33428	24			30				
SMELKAL, SABINA Z  BOCA RATON FL 33428  **I1. Pursuant to the pro-isons of Soctions 607-6502 and 607-1508. Florids Statutos, the all ever named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Froids. Sort change was authorized by the corporation's board of directors. I brinchy accept the appointment as registered agent, or both, in the State of Froids. Sort change was authorized by the corporation's board of directors. I brinchy accept the appointment as registered agent, it am the State of Froids. Sort change was authorized by the corporation's board of directors. I brinchy accept the appointment as registered agent, it am the State of Froids. Sort change was authorized by the corporation's board of directors. I brinchy accept the appointment as registered office or registered agent, or both, in the State of Froids. Sort change was authorized by the corporation's board of directors. I brinchy accept the appointment as registered office or registered agent, or both, in the State of Froids. Sort change was authorized by the corporation's board of directors. I brinchy accept the appointment as registered office or registered agent, in am appointment as registered office.  SIGNATURE JULIA DESCRIPTION OF THE ADDITION	<b>-</b>	9. Name and Address of Curi	ent Registered Agent		81	Namo	10. Name and Address of New Registered Agent	_
### DOCA RATION FL 33428  ### Only ### Doc ### Only ### Doc ##	CME IVAI	CADIAIA 7						
# 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florids Statutes, the above promoted corporation submits this statement for the purpose of changing its registered director registered agent, or both, in this State of Foreids. Such change was authorized by the corporation's board of directors. Thereby accent the appointment as registered agent, and accept the purpose of changing its registered of accept the provisions of Section 607,0505, florids Statutes.  SIGNATURE SUPPLY ACCEPTS AND DIRECTORS  INCIDENT AGENCY AND STATE AND ACCEPTS AND DIRECTORS  INCIDENT AGENCY AND STATE AND ACCEPTS AND DIRECTORS  INCIDENT AGENCY AND STATE AND ACCEPTS AND DIRECTORS  INCIDENT AGENCY ASSESSED AND ACCEPTS AND DIRECTORS				i	82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
#11. Pursuant to the provisions of Sections 607 0502 and 607 1509. Florida Statutios, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fixeds. Such changes was authorized by the corporation's hourd of directors. Horeby accept the appointment as registered agent, it am registered agent, and accept the provisions of Sections 607,0502 and 607 1509. Florida Statutios, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. It am state of Fixeds. Such changes was authorized by the corporation's hourd of directors. Horeby accept the appointment as registered agent. It am state of fixeds. Such changes was authorized by the corporation's hourd of directors. Horeby accept the appointment as registered agent. It am state of fixeds. Such changes after agents. Such changes are provided agent. It am state of the purpose of changing its registered agent. It am state of the purpose of changing its registered agent. It am state of fixeds. Such changes are purposed. Such changes are provided agent. It am state of the purpose of changing its registered agent. It am state of fixeds. Such changes are provided agent. It am state of fixeds. Such changes are provided agent. It am state of fixeds. Such changes are provided agent. It am state of fixeds. Such changes are provided agent. It am state of fixeds. Such changes are provided agent. It am state of fixeds. Such changes are purposed.  12.	* <b>.</b>	n nai		ŀ	83			-
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1.1. Pursuant to the provisions of Sections 607 0502 and 607,1508. Florida Statutos, the above named corporation submits this statement for the purposes of changing its registered diffice or registered agent, in any state of things with an almostrace by the corporation's board of directors. Horsely accept the appointment as registered agent, it am familiar with and accept the obligations of, Section 607,0505. Florida Statutes.  SIGNATURE   SUPPLY	P			İ	84	City	FL 85 Zip Code	
THLE	SIGNATURE.	In and accept the obligations or, se Survey	Chon 607.0505, Florida Statutes  Charles applicable  Charles applicable  (No.	i. A <u>Z.                                    </u>			92-President 3/26/96	
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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 119.07(3)(k), Florida Statutes. I further				6.4 017	Y-SI-	- ZIP		]

14. I do hereby certly that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter CO7, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an activities.

SIGNATURE:

SIGNATURE:

SIGNATURE and Typed OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylor Florida

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CR2E034 (12/95)