SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

1996 DOCUMENT # P95000017817 (4) IN TOUCH HOME HEALTH, INC.						
				1654 66)  16 1816  2010 8010 8011 8011 80	iii <b>3012</b> 1 Mais II	<b>888)</b> (818) (1814 )281 (282)
Principal Place of Business		Mailing Address				
7061 S. TAMIAMI TRAIL SARASOTA FL 34231		7061 S. Tamiami Trail Sarasota Fl 34231				
				3. Date Incorporated or Qualified	3a. Date	o of Last Report
2. Principal F	Place of Business	2a. Mailing Address		03/03/1995 4. FEI Number	<u> </u>	
21		26		65-0557265	_	Applied For
Suite, Apt.	#, etc.	Suite, Apt #, etc.	······································			\$8.75 Additional
22		27		5. Certificate of Status Desired		Fee Required
City & Stai	е	City & State		6. Election Campaign Financing		\$5.00 May Be
<b>23</b> Z₁p	Country	28		Trust Fund Contribution		Added to Fees
24]	<b>25</b>	Ζφ <b>29</b>	Country 30	8. This corporation has liability for it		
	9. Name and Address of Curre		30	Florida Statutes  10. Name and Address of New Reg		No
CA.	LLAGHER, LORRAINE		81 Name	The state of them the	postoreu Ay	perit.
700	B1 S. TAMIAMI TRAIL RASOTA FL 34231		82 Street Ad	dress (P.O. Box Number is Not Acceptabl	e)	
			83			
			84 City			85 Zip Code
agent La	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	o02 and 607.1508. Florida Statu e of Florida. Such change was gations of, Section 607.0505, Fl	tes, the above named cor authorized by the corpora orida Statules	poration submits this statement for the pution's board of directors. Thereby accept	rpase of ch the appoint	anging its registered ment as registered
agent 1 a SIGNATURE 12.	m familiar with, and accept the oblig	gations of, Section 607.0505, FI pur and the Lapple at the CIV ND DIRECTORS	tes, the above named cor authorized by the corpora orida Statules  If Experied Agest significance  13.	med absolemetrical	the appoint	ment as registered
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That my name appears in Block 12 or Block 13 it changed, or on an attachment with an address

SIGNATURE:

MAUNE JAULACIA: CREATIC BALLACHER BALLAC