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FILED

Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000019913 (9)

1. Corporation Name

HOMECARE SERVICES OF JACKSONVILLE, INC.



Principal Place of Business

1710 SHADOWOOD LN
SUITE 215
JACKSONVILLE FL 32207
US

Mailing Address

1710 SHADOWOOD LN
SUITE 215
JACKSONVILLE FL 32207-2184
US

3. Date Incorporated or Qualified

03/09/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-3302044

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUFRESNE, DONALD M
8777 SAN JOSE BLVD., SUITE 302
JACKSONVILLE FL 32217

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature of registered agent or person authorized to register (Not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	ORLOFF, SHERRY M	<input checked="" type="checkbox"/> DELETE
NAME		168 TURTLE BAY LN	
STREET ADDRESS		PONTE VEDRA BCH FL	
CITY - ST - ZIP			
TITLE	D	HARPER, THOMAS E	<input checked="" type="checkbox"/> DELETE
NAME		1710 SHADOWOOD LN #215	
STREET ADDRESS		JACKSONVILLE FL	
CITY - ST - ZIP			
TITLE	D	PEDEN, DIXIE L	<input type="checkbox"/> DELETE
NAME		1710 SHADOWOOD LN STE 215	
STREET ADDRESS		JACKSONVILLE FL	
CITY - ST - ZIP			
TITLE	D	MCAULIFFE, MATTHEW M	<input type="checkbox"/> DELETE
NAME		1710 SHADOWOOD LN #215	
STREET ADDRESS		JACKSONVILLE FL	
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	TB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

Matthew McAuliffe 1/6/96 (904) 399-1142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)