

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

AMENDED

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

08 JUL 16 11:10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060707

1. Corporation Name

C.P.T. HOMECARE, INC.

Principal Place of Business
13070 S.W. 132nd COURT
MIAMI, FLORIDA 33186

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
AUGUST 7, 1995

2. Principal Place of Business
21 SAME AS ABOVE

2a. Mailing Address
26 SAME AS ABOVE

4. FEI Number
65-0594224

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

7. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANTZ TURNIER
13070 SW 132nd Court
Miami, Florida 33186

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PRESIDENT/DIRECTOR Change Addition
1.2 NAME Frantz Turnier
1.3 STREET ADDRESS 13070 S.W. 132nd Court
1.4 CITY-ST-ZIP Miami, Florida 33186

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE SECRETARY Change Addition
2.2 NAME Frantz Turnier
2.3 STREET ADDRESS 13070 S.W. 132nd Court
2.4 CITY-ST-ZIP Miami, Florida 33186

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS 600002593786--7
3.4 CITY-ST-ZIP -07/21/98--01032--024

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE *****81.25 *****81.25 Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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.

Handwritten signature and date: 7/16/98