


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

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000069308 (1)</b>					
1. Corporation Name <b>SARAVEN HOME CARE, INC.</b>					
Principal Place of Business <b>1846 SO TAMiami TRAIL VENICE FL 34293</b>			Mailing Address <b>1846 SO TAMiami TRAIL VENICE FL 34293-3135</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/07/1995</b>	
21		26		3a. Date of Last Report <b>05/01/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0606818</b>	
22		27		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip		Zip		7. This corporation has liability for inexcusable tax under s. 199.032. Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		8. This corporation has liability for inexcusable tax under s. 199.032. Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country		9. Name and Address of Current Registered Agent	
25		30		10. Name and Address of New Registered Agent	
Name		Name		81	
1846 S TAMiami TR #11 VENICE FL 34293		1846 S TAMiami TR #11 VENICE FL 34293		82	
				83	
				84	
				85	
				86	
				87	
				88	
				89	
				90	
				91	
				92	
				93	
				94	
				95	
				96	
				97	
				98	
				99	
				100	

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]* DATE **3/28/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	
NAME	POWELL, RANDY	1.2 NAME	
STREET ADDRESS	921 S.BENEVA RD	1.3 STREET ADDRESS	
CITY- ST- ZIP	SARASOTA FL	1.4 CITY- ST- ZIP	
TITLE	S	2.1 TITLE	
NAME	SAMALE, RICHARD G.	2.2 NAME	
STREET ADDRESS	1211 JACARANDA BLVD	2.3 STREET ADDRESS	
CITY- ST- ZIP	VENICE FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: *[Signature]* DATE **4-14-97** DAYTIME PHONE **9414931900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)