

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000086706 (5)

1. Corporation Name

DEPENDABLE HOME CARE - DISTRICT 6, INC.



Principal Place of Business

Mailing Address

4601 W KENNEDY BLVD
SUITE 308
TAMPA FL 33609

4601 W KENNEDY BLVD
SUITE 308
TAMPA FL 33609

3. Date Incorporated or Qualified

11/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REISSMAN, MARSHALL G
4601 W KENNEDY BLVD
SUITE 308
TAMPA FL 33609

81 Name

NEMETHY, SONA

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

12550 5TH STREET EAST

83

84

TREASURE ISLAND

FL

85 Zip Code

33706

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 607.0503, Florida Statutes.

SIGNATURE

Sona Nemethy

ADMINISTRATOR
SONA NEMETHY

1/19/96

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE
D	NEMETHY, SONA	12550 5TH AVE E	TREASURE ISLAND FL 33706	<input checked="" type="checkbox"/>
D	NEMETHY, MIKE	12550 5TH AVE E	TREASURE ISLAND FL 33706	<input checked="" type="checkbox"/>
D	DEFOE, P. LYNN	4601 W KENNEDY BLVD SUITE 308	TAMPA FL 33609	<input type="checkbox"/>
D	BARNES, DONNA	4601 W KENNEDY BLVD SUITE 308	TAMPA FL 33609	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP	Change	Addition
D	NEMETHY, SONA	12550 5TH STREET EAST	TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O	NEMETHY, MIKE	12550 6TH STREET EAST	TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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 or changed, or on an attachment with an address.

SIGNATURE:

Sona Nemethy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SONA NEMETHY 1/19/96 (813) 289-3147

Date

Daytime Phone #

CR2E034 (12/95)