

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

4601 W KENNEDY BLVD
SUITE 308
TAMPA FL 33609

Mailing Address

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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)

1255D 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 607.0505, Florida Statutes.

SIGNATURE

Sona Nemethy

ADMINISTRATOR
SONA NEMETHY

1/19/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	NEMETHY, SONA	
STREET ADDRESS	1255D 5TH AVE E	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	
TITLE	D	DELETE
NAME	NEMETHY, MIKE	
STREET ADDRESS	1255D 5TH AVE E	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	
TITLE	D	DELETE
NAME	DEFOE, P. LYNN	
STREET ADDRESS	4601 W KENNEDY BLVD SUITE 308	
CITY - ST - ZIP	TAMPA FL 33609	
TITLE	D	DELETE
NAME	BARNES, DONNA	
STREET ADDRESS	4601 W KENNEDY BLVD SUITE 308	
CITY - ST - ZIP	TAMPA FL 33609	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1 1 TITLE	D	Change	Addition
12 NAME	NEMETHY, SONA		
13 STREET ADDRESS	1255D 5TH STREET EAST		
14 CITY - ST - ZIP	TREASURE ISLAND, FL 33706		
2 1 TITLE	D	Change	Addition
22 NAME	NEMETHY, MIKE		
23 STREET ADDRESS	1255D 5TH STREET EAST		
24 CITY - ST - ZIP	TREASURE ISLAND, FL 33706		
3 1 TITLE		Change	Addition
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
4 1 TITLE		Change	Addition
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
5 1 TITLE		Change	Addition
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
6 1 TITLE		Change	Addition
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

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 19.07(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, changed, or on an attachment with an address.

SIGNATURE: *Sona Nemethy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/19/96 (813) 289-3147

CR2E034 (12/95)