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May 09 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 # P96000032068 (4)

1. Corporation Name
BROWARD HOME HEALTH CARE, INC.

Principal Place of Business
8391 N.W. 16TH STREET
PEMBROKE PINE FL 33024

Mailing Address
8391 N.W. 16TH STREET
PEMBROKE PINE FL 33024-4876



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/08/1996	3a. Date of Last Report
21 8978 Taft Street	26 8978 Taft Street			4. FEI Number 65-0657441	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
22	27			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 Pembroke Pines, Fl.		City & State 28 Pembroke Pines, Fl.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Zip 24 33024		Zip 29 33024		30 Broward	
Country		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

QUEVEDO, MAYRA
8391 N.W. 16TH STREET
PEMBROKE PINE FL 33024

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

Signature, type 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	D	1.1 TITLE	
NAME	QUEVEDO, MAYRA	1.2 NAME	
STREET ADDRESS	8391 N.W. 16TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINE FL 33024	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)