

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000040759 (8)**
1. Corporation Name
21ST CENTURY HOME HEALTH INVESTMENT CORPORATION



Principal Place of Business
**1001 N FEDERAL HWY
#329
HALLANDALE FL 33009**

Mailing Address
**1001 N FEDERAL HWY
#329
HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2100 E. HALLANDALE BCH BLVD Suite, Apt. #, etc. 22 206 City & State 23 HALLANDALE Zip 24 33009		2a. Mailing Address 26 2100 E. HALLANDALE BCH BL Suite, Apt. #, etc. 27 206 City & State 28 HALLANDALE Zip 29 33009		3. Date Incorporated or Qualified 05/06/1996	
				4. FEI Number 65-0669161	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEWISON, CYNTHIA 1450 ATLANTIC SHORES BL HALLANDALE FL 33009		10. Name and Address of New Registered Agent 81 Name CYNTHIA LEWISON 82 Street Address (P.O. Box Number is Not Acceptable) 4001 S. OCEAN DR 83 APT - 9R 84 City HOLLYWOOD FL 85 Zip Code 33019	
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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 *Cynthia Lewison* VP **4-16-98**
Signature typed or printed name of registered agent and official 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	PT STRAKER, CEDRIC 1450 ATLANTIC SHORES BL HALLANDALE FL 33009 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4001 S. OCEAN DR # 9R HOLLYWOOD FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LEWISON, CYNTHIA 1450 ATLANTIC SHORES BL HALLANDALE FL 33009 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4001 S. OCEAN DR # 9R HOLLYWOOD FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address.

CR2E034 (10/97)