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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED May 09 1997 8:00am Secretary of State

DOCUM	MENT # P96000	045747 (8)		
	OME CARE, INC.	. ,		
Principa Place	e of Business	Mailing Address		T TORKSTON HIS ROUND BITCH BOTHS
425 NW 62 CO		425 NW 62 COURT MIAMI FL 33126-4523		
				3. Date Incorporated or Qualified 3a. Date of Last Report 05/23/1996
2. Principal Pi	ace of Business	2a. Mailing Address		4. FELNumber Applied For
21 75 75	W. FLAGLER SI	· 26 7575 W. H	AGLER ST	Not Applicable
Suite Apt	5 5	Suite, Apt #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	ni FL	City & State 28 Mi Ami, F	7	Election Campaign Financing Trust Fund Contribution Added to Fees
一クフル	Country	321111	Country	8. This corporation has liability for intangible tax under s. 199.032,
24 33/	77 25 USH	29 33/44 30	145/H	Florida Statutes Yes No 10. Name and Address of New Registered Agent
				10. Hame and Address of New Registered Agent
RICE, FEDORA 425 NW 62 COURT			82 Street A	CHTRIZ III. DEC
MIAMI FL 33126			15	15 W. FLAGLER STREET
			83 Su	UTE #205
			84 City	123744 FL 85 73744
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 agent, or high, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.				
agent l'a	m familiar with, and accept the obliga	tions of, Section 607 0505, Florid	da Statutes.	NIAN 197
SIGNATURE	Stark in type of production and influenced age	if and talk if applicable (NOTE F	tegistered Agent signature r	required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THIE	D D	DELETE	1.1 TITLE	PIVPITIS Addition
NAME STREET ADDRESS	RICE, FEDORA 425 NW 62 COURT		1.3 STREET ADDRESS	BEATEIZ M. BEL 7575 W. FLAGUER ST. #205
CHY-ST Zift	MIAM! FL 33126		1.4 City-St-Zip	Mi Ami. Fl. 33144
THEF		☐ DELE1E	2.1 TITLE	Change Addition
NAME (2.2 NAME	
SIREFEADORESS			23 STREET ADDRESS	
DHY SI-701 THU		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	☐ Change ☐ Addilion
NAM:		Find Officers	3.2 NAME	E straige C required
STREET ACTURESS			3.3 STREET ADDRESS	
CHY-ST-76			3 4. CITY - ST - ZIP	
Talul		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
C-TY-ST-ZIP TIGUE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME		final Descrip	52 NAME	Fill Alternation
STREET AUGHESS			5.3 STREET ADDRESS	
CITY ST-ZIP			5.4 CITY-ST-ZIP	
nu:		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			63 STREET ADDRESS	
0HY-\$1.7P			6.4 CITY-ST-ZIP	orad in Contine 110 07/2VI) Florida Ctatutae Lifuthar codify that the

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 Big 13 if changed or on an attachment with an address.