

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

FILED

Mar 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P96000066709 (2)**

1. Corporation Name  
**RUDY'S HOME HEALTH CORP.**

Principal Place of Business  
**4229 HARTSOOK AVENUE  
NORTHPORT FL 34287**


Mailing Address  
**POST OFFICE BOX 7765  
NORTHPORT FL 34287-0765**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/09/1996</b>		3a. Date of Last Report	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>45-0690561</b>		Applied For	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>				10. Name and Address of New Registered Agent			
				81. Name <b>Rudy E Farrenkopf</b>			
				82. Street Address (P.O. Box Number is Not Acceptable) <b>4229 Hartsook Ave</b>			
				83. City			
				84. City <b>Northport</b>			
				85. Zip Code <b>34287</b>			

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:  (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>PTD FARRENKOPF, RUDY E</b>				1.2 NAME			
STREET ADDRESS <b>4229 HARTSOOK AVENUE</b>				1.3 STREET ADDRESS			
CITY - ST - ZIP <b>NORTHPORT FL 34287</b>				1.4 CITY - ST - ZIP			
2. TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>VSD FARRENKOPF, DALE F</b>				2.2 NAME			
STREET ADDRESS <b>4229 HARTSOOK AVENUE</b>				2.3 STREET ADDRESS			
CITY - ST - ZIP <b>NORTHPORT FL 34287</b>				2.4 CITY - ST - ZIP			
3. TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
4. TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
5. TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
6. TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

**400002107634  
-03/07/97--01069--035  
\*\*\*165.00**

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:  (NOTE: Registered Agent signature required when reinstating)

CR2E034 (9/96)

0436458