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

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96 85438 1. Corporation Name

LIFE QUALITY HOME HEALTH CARE, INC.

Mailing Address

same 5052 West Atlantic Avenue Delfay Beach, FL 33445

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	Ζip	Country
24	25	29	30
	9. Name and Addres	s of Current Registered Agent	
			81 Name

DAVID SOBLICK 17450 Bridleway Trail Boca Raton, FL

	1.0	
Ę,	 4 77.75	

99 JAN 29 AM 8: L.1

SECRETANT OF STATE TALLAHASSEE, FLORIDA

1	3. Date Incorporated or Qualifed		• • •
	10/14/1996		
ţ	4. FEI Number		Applied For
	65-0697524		Applied For Not Applicable
Î	5. Certificate of Status Desired	[]	\$8.75 Additional Fee Required
	6. Election Campaign Financing Trust Fund Contribution	IJ	\$5.00 May Be Added to Fees
. [8. This corporation owes the curr	ent year	Intangible
	Personal Property Tax		[lYes ★ lNo
	Name and Address of New F	Registere	ed Agent
Name			
Street Address	(P.O. Box Number is Not Accepta	able)	
City		F	L 85 Zip Code
	tion submits this statement for the board of directors. Thereby accep		

DO NOT WRITE IN THIS SOACE

11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named co-

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office or reg agent. I am	gistered agent, or both, in the State of Florida. Such of familiar with, and accept the obligations of, Section 60	nange was aut 37.0505, Florid	thorized by the corpo da Statutes.	oration's board of directors. Thereb	y accept the appointment as regis	stered
SIGNATURE _	signature, typod or printed name of registered agent and title if applicable	ANÔTE S	Registered Agent signature re	a control where the set throat	DATE	
12.	OFFICERS AND DIRECTORS		I 13.		TO DEFICERS AND DIRECTORS	S IN 12
TITLE		LDELETE	1171114			[Addition
NAME	DAVID SOBLICK		1.2 NAME			
STREET ADORESS	5052 West Atlantic Ave	nue	1.3 STREET ADDRESS			
CITY-ST-ZIP	Delray Beach, FL 3344	5	1.4 CITY-ST-ZIP			
TITLE) DELETE	21 Title	Vice President	/Director Change	x X Additor
NAME			2 2 NAME	ROBIN W. SOBLI		
STREET ADDRESS			23 STREET ADDRESS	5052 West Atla		
CITY-ST-ZIP			2.4 CITY- \$1-ZIP	Delray Beach,		
TITLE	E.	J DELETE	3 1 TIFLE	•		[_LAddition
NAME			32 NAME			
STREET ADDRESS			33 STREET ADDRESS	. •	- ,	
CITY-ST-ZIP			34 CiTY-ST-ZIP		Control of the Fire	-
TITLE		DELETE	4 1 TITLE			[Addition
NAME			4 2 NAME	1000	102766551- 02/05/99011150	1
STREET ADDRESS			4.3 STREET ADORESS)2/05/99011150	01
CITY-ST-ZIP			4.4.00 V-S1-ZiP	*	****158.00 ****15	8.00
TITLE		I DELETE	51 TITLE		[Change	[Add tur
NAME			5.2 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			54 C/TY+S1+Z/P			
tm F		I DECETE	617016		[] Change	[[Additor

14. Thereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true of 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 of the receiver or distent empowered to execute this report is required by Chapter 607. Florida Statutus, and that my name appears in Block 12 or Block 13 if changed of on an arachment with an extress with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

1/26/99