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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089249 (2)

CONNOR THERAPEUTIC HOME HEALTH CARE SERVICES, IN

Principal Place of Business

Mailing Address

AVAC PART CONTURBOALS BLUC OTE 400

MAR EAST CONFIDENCE DIVID STE 400

FILED May 12 1997 8:00am Secretary of State



FORT LAUDERDALE FL 33308	FORT LAUDERDALE FL	77700 1000		1		
				3. Date Incorporated or Qualified 10/30/1996	3a. Date of L	ast Report
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
1 3700 Galt Ocean Drive	26 3700 Galt C	Down Dr	10-10	65-07/1763		Not Applicable
Suite, Apt. #, etc.	26 3100 Galf (Suile, Apt. #, etc. 27 # 30/			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 3 Fort Landardoll, Floris	1 00 000	1 00 000		Etection Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip Country	200000	l Country	s.A.	8. This corporation has liability for		der s. 199.032,
4 33308 25 U.S.F. 9. Name and Address of C		30 0.	3,77,	Fiorida Statutes 10. Name and Address of New Re	Yes No	
	unient registeren Agent	81	Namo	IV. Name and Address of New Ne	gistered Agent	
GENET, STACI H	u (P		····			
1323 SOUTHEAST THIRD AVEN	IUE	82	Street Addre	ss (P.O. Box Number is Not Acceptat	ole)	
FORT LAUDERDALE FL 33316		83				
		B4 (City		EL 85	Zip Code
11. Pursuant to the provisions of Sections 60	7.0502 and 607.1508, Florida Statu	ites, the above-r	named corpo	pration submits this statement for the r	ourpose of chang	ing its registered
 Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the 	State of Florida, Such change was	authorized by th	ie corporatio	on's board of directors. I hereby accep	pt the appointme	nt as registered
•	obligations of, obclicit cor. (0505, 1	ionda Statutes.				
SIGNATURE Signature, typed or printed name of register	red agent and title if applicable (NO	If Registered Agent	s gnature required	d when reinstating)	DATE	
	S AND DIRECTORS	13,		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE PD	S AND DIRECTORS DELETE	13, 1.1 Till LE	P.	D	Charles AND DIRECT	
TITLE PD NAME O'MARA, TODD	☐ DELETE	1.1 THILE	0'0	D Maga	Cha	
TITLE PD NAME O'MARA, TODD STREET ADDRESS 2425 EAST COMMERCIAL	. BLVD. STE 402	1.1 THILE	DRESS 30	D MARA, TODD 00 bolt Ocean Drive	# 30/	
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