

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

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000089249 (2)

1. Corporation Name

CONNOR THERAPEUTIC HOME HEALTH CARE SERVICES, IN  
C.



Principal Place of Business 2425 EAST COMMERCIAL BLVD. STE 402 FORT LAUDERDALE FL 33308	Mailing Address 2425 EAST COMMERCIAL BLVD. STE 402 FORT LAUDERDALE FL 33308-4029
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3. Date Incorporated or Qualified 10/30/1996	3a. Date of Last Report
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2. Principal Place of Business 21 3700 Galt Ocean Drive Suite, Apt. #, etc. 22 #301 City & State 23 Fort Lauderdale, Florida Zip 24 33308	2a. Mailing Address 26 3700 Galt Ocean Drive Suite, Apt. #, etc. 27 #301 City & State 28 Fort Lauderdale, Florida Zip 29 33308 Country 25 U.S.A.	4. FEI Number 65-071763 Applied For Not Applicable 5. Certificate of Status Desired X \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

GENET, STACI H  
1323 SOUTHEAST THIRD AVENUE  
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	O'MARA, TODD	1.2 NAME	O'MARA, TODD
STREET ADDRESS	2425 EAST COMMERCIAL BLVD. STE 402	1.3 STREET ADDRESS	3700 Galt Ocean Drive #301
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 \_\_\_\_\_ 4-28-97 (650)561-8674

CR2E034 (9/96)