

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

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000098241 (8)**

1. Corporation Name  
**PROFESSIONAL HOME HEALTH NETWORK, INC.**



Principal Place of Business 9929 HOLLYWOOD BLVD. PEMBROKE PINES FL 33024	Mailing Address 9929 HOLLYWOOD BLVD. PEMBROKE PINES FL 33024-6175
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 4572 N. University Dr.	27 SAME	12/05/1996	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 LAUDERHILL, FLORIDA	28 LAUDERHILL, FLORIDA	65-0722428	Not Applicable
24 33351	25 U.S.A.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	29	<input type="checkbox"/>	
	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GOLDBERG, MARK H 10000 STIRLING ROAD, SUITE 1 COOPER CITY FL 33024		81 Name Tom FISHER 82 Street Address (P.O. Box Number is Not Acceptable) 4572 NORTH UNIVERSITY DR. 83 84 City LAUDERHILL FL 85 Zip Code 33351	

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 *Tom Fischer* Tom Fischer President 4/22/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM FISCHER	1.2 NAME	
STREET ADDRESS	4572 N. UNIVERSITY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL. 33357	1.4 CITY-ST-ZIP	
TITLE	SECRETARY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY WATERS	2.2 NAME	
STREET ADDRESS	4572 N. UNIVERSITY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL. 33357	2.4 CITY-ST-ZIP	
TITLE		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	
TITLE		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	
TITLE		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	
TITLE		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	

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 or on an attachment with an address.

CR2E034 (9/96)