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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100487 (3)

CARE PLUS HOME HEALTH, INC.

Principal Place of Business Mailing Address 3322 MANATER AVE. WEST 3022 MANATES AVE. WEST

FILED

Mar 18 1998 8:00am

Secretary of State

BRADENTON FL 34205		BRADENTON FL 34205		DO NOT WRITE IN THIS SPACE	Æ	
					3. Date Incorporated or Qualified	
					12/12/1996	
2. Principal P	lace of Business	2s. Mailing Address	26. Mailing Address		4. FEI Number	Applied For
21		⊢ ¬	26		65-0729656	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- \$	3.75 Additional
22		27	27		I E Continente of Status Decised I I T	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	5.00 May Be
23		28	B			Added to Fees
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the current year intangible	
24			ю		Personal Property Tax due June 30. 🔀 Ye	
9. Name and Address of Current Registered Agent			81		10. Name and Address of New Registered Agen	<u>t </u>
HOMISCO INCORPORATION, INC.				Name		
222 LAKEVIEW AVE., SUITE 800			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33401						
ļ			83	1		
			84	City	aus 65	Zip Code
]	FL T	1
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 reg 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 regis agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
	Signature, typed or printed name of registers			ent signature re	equired when reinstating) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIR	
TITLE	PD	DELETE	1.1 TITLE		D.C.	thange
NAME	GARLICK, PAUL		1.2 NAME	ļ	•	
STREET ADDRESS	3322 MANATEE AVE., WE	SI		T ADORESS		
CITY-ST-2#P	BRADENTON FL 34205	- I or or	1.4 City-3	ST-ZIP		Name and the second
TITLE	STD	DELETE	2.1 TITLE			hange
HAME	GARLICK, KATHRYN		2.2 NAME			
STREET ADDRESS	3322 MANATEE AVE., WE	81	2.3 STREET			
CITY-ST-ZIP	BRADENTON FL 34205	DELETE	2. 4 CITY-	ST-ZIP		hange Addition
TIFLE		L. Deceie	3.1 TITLE		ا ا	nange LI Addition
NAME			3.2 NAME	ĺ		i
STREET ADDRESS			3.3 STREET	- 1		
CITY-ST-ZIP		DELETE	3.4. CITY-	ST-ZIP		hange Addition
TITLE		DELETE	4.1 TITLE		L, C	nango LL Admituri
NAME			4, 2 NAME	!		
STREET ADDRESS			4.3 STREET			ĺ
CITY-ST-ZIP		Distre	4.4 CITY - S	ST-ZIP		a a distant
TITLE		☐ DELETE	5.1 TITLE	- }		hange Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP		T ones	5.4 CITY-5	ST-ZIP		la de la constitución de la cons
TITLE		☐ DÉLETE	6.1 TITLE		L) C	hange
NAME			6.2 NAME	ĺ		
STREET ADDRESS			6.3 STREET	ADDRESS		
			=	1		

14. I 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.

Dec Dres

March 11/98 941-145-5615