

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

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000028482 (2)

1. Corporation Name
GENESIS HOME CARE, INC.



Principal Place of Business 14971 S.W. 63RD STREET MIAMI FL 33193	Mailing Address 14971 S.W. 63RD STREET MIAMI FL 33193
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5901 NW 151 St Suite, Apt. #, etc. 22 Suite # 216 City & State 23 Miami Lakes, FL Zip 24 33014		2a. Mailing Address 26 5901 NW 151 St Suite, Apt. #, etc. 27 Suite # 216 City & State 28 Miami Lakes FL Zip 29 33014		3. Date Incorporated or Qualified 03/28/1997	
				4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MILIAN, MARIA M 14971 S.W. 63RD STREET MIAMI FL 33193		10. Name and Address of New Registered Agent 81 Name Pon Juan Mayra 82 Street Address (P.O. Box Number is Not Acceptable) 5901 NW 151 St Suite # 216 83 84 City Miami Lakes FL 85 Zip Code 33014	
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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 *[Signature]* DATE **04/17/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILINA, MARIA M	1.2 NAME	Mayra Pon Juan
STREET ADDRESS	14971 S.W. 63RD STREET	1.3 STREET ADDRESS	5901 NW 151 St Suite # 216
CITY-ST-ZIP	MIAMI FL 33193	1.4 CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	PT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, JORGE L	2.2 NAME	Maylia Azcuy
STREET ADDRESS	14971 S.W. 63RD STREET	2.3 STREET ADDRESS	5901 NW 151 St Suite # 216
CITY-ST-ZIP	MIAMI FL 33193	2.4 CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 *[Signature]* DATE **04/17/98**

CR2E034 (10/97)