FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE

PROFIT CORPORATION ANNUAL REPORT 1998					FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					May 01 1998 8:00am Secretary of State					
ָרָ בְּי	DOCUMENT # P9700050314 (8) 1. COLUMBIA HOMECARE - NORTH FLORIDA DIVISION, INC.														
Principal Place of Business Mailing Address 1 PARK PLAZA NASHVILLE TN 97203 Mailing Address 1 PARK PLAZA HASHVILLE TN 37203								•	-	3. Date Incorporat	DO NOT WRIT	E IN THIS			
_										06/06/1997					
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1	Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional					Additional	
22	City & State			27	Chief Class						<u> </u>		equired		
23	City & State	9		28	28 Washville			N		Election Campa Trust Fund Cont	-			May Be to Fees	
	Zip		Country	-	² 372.03		Country	śĀ		8. This corporation				tangible	
24			and Address of 6	29 Ourrent Regist			7			Personal Proper 10. Name and Add					
11	TALLAHASSEE FL 32301-2525 83 84 C									Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code I corporation submits this statement for the purpose of changing its registered					
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													registered		
L		Signature, typed	or printed name of regist					nt signature	beriupen e	when reinstating)	UDEO TO OFF	DATE AND	DIDECTO	20 111 40	
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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 gainged, or on an attachment with an address.

FILED