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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 30 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000080453**

1. Corporation Name
CONTINUCARE HOME HEALTH OF FLORIDA, INC.

Principal Place of Business	Mailing Address
100 S.E. 2ND STREET 36TH FLOOR MIAMI FL 33131	100 S.E. 2ND STREET 36TH FLOOR MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/15/1997

4. FEI Number
65-0748362
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

8. This corporation owes for current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business
21 ____
Suite, Apt. #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address
26 ____
Suite, Apt. #, etc.
27 ____
City & State
28 ____
Zip 29 ____ Country 30 ____

9. Name and Address of Current Registered Agent

TARBE, SUSAN ESQUIRE
100 S.E. 2ND STREET
36TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: UCC Filing & Search Services Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 526 East Park Avenue
83
84 City: Tallahassee FL 85 Zip Code: 32301

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 Ed [signature] President 4/26/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	[X] DELETE
NAME	BARNHILL, JEFFREY A	
STREET ADDRESS	100 S.E. 2ND STREET, 36TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	President	[ ] Change [X] Addition
1 2 NAME	Charles M Fernandez	
1 3 STREET ADDRESS	100 S E 2nd Street - 36 Floor	
1 4 CITY-ST-ZIP	Miami Fla 33131	
2 1 TITLE	Secretary - General Counsel	[ ] Change [X] Addition
2 2 NAME	Susan Tarbe, Esq.	
2 3 STREET ADDRESS	100 S E 2nd St. 36th Floor	
2 4 CITY-ST-ZIP	Miami, Fla 33131	
3 1 TITLE	T	[ ] Change [X] Addition
3 2 NAME	Bruce Oltman	
3 3 STREET ADDRESS	100 SE 2 St. 36 Floor	
3 4 CITY-ST-ZIP	Miami, Fla 33131	
4 1 TITLE		[ ] Change [ ] Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		[ ] Change [ ] Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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****150.00 ****150.00

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, with all other like empowered.

SIGNATURE: [signature] (305) 350-7540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)