

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

FILED

May 12 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 # **S20347** (8)
1. Corporation Name
PREFERRED HOMECARE OF FLORIDA, INC.

Principal Place of Business 95 HAYDEN AVE LEXINGTON MA 02173 US	Mailing Address 95 HAYDEN AVE LEXINGTON MA 02173 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/20/1990	
21		26		4. FEI Number 65-0340135	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, MARC	1.2 NAME	
STREET ADDRESS	10 CROWN POINT RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUDBURY MA 01776	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMBEL, DAVID A	2.2 NAME	
STREET ADDRESS	151 REED FARM RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOXBOROUGH MA	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 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: _____ **ASS'T TREASURER** 4/6/98 (781) 442-0777

CR2E034 (10/97)

PREFERRED HOMECARE OF FLORIDA, INC.

**LIST OF OFFICERS AND DIRECTORS
EFFECTIVE 2/24/98**

DIRECTORS	OFFICE HELD	BUSINESS ADDRESS
BRUCE BLOMSTROM	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02173
MICHAEL SICILIAN	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02173
BEN LIPPS	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02173
OFFICERS	OFFICE HELD	BUSINESS ADDRESS
BRUCE BLOMSTROM	PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02173
DANIEL O'GRADY	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02173
MICHAEL SICILIAN	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02173
MARC S. LIEBERMAN	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02173
JAMES V. LUTHER	ASSISTANT TREASURER	95 HAYEN AVENUE LEXINGTON, MA 02173
WILLIAM GRIECO	SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02173
JILL PORTER	ASSISTANT SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02173