

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

FILED
Apr 17 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # S67387 (8)

1. Corporation Name

SOUTHERN CROSS HOME HEALTH, INC.



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| Principal Place of Business 5400 N UNIV DR. STE 108 DAVIE FL 33328 US | Mailing Address 4491 SO S.R. 7 STE 200 FT LAUD FL 33314-4032 US |
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|---|--|
| 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 |
|---|--|

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|--|---------------------------------------|
| 3. Date Incorporated or Qualified 07/17/1991 | 3a. Date of Last Report 04/17/1996 |
| 4. FEI Number 65-0277279 | Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|
| 9. Name and Address of Current Registered Agent BOISVERT, LOUIS W III 4491 SOUTH STATE RD 7 SUITE 200 FT. LAUDERDALE FL 33314 | |
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|---|----------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 85 Zip Code |

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 | S | 1.1 TITLE | AS |
| NAME | O'DONNELL, CAROL B | 1.2 NAME | ORSINI, FRANCINE |
| STREET ADDRESS | 4491 SO S.R. 7, STE 200 | 1.3 STREET ADDRESS | 4491 SO. STATE ROAD SEVEN, S-200 |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 1.4 CITY-ST-ZIP | FT LAUDERDALE, FL 33314 |
| TITLE | DP | 2.1 TITLE | |
| NAME | ULLRICH, KLAMM | 2.2 NAME | |
| STREET ADDRESS | 4491 SO S.R. 7, STE 200 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | |
| NAME | BOISVERT, LOUIS W III | 3.2 NAME | |
| STREET ADDRESS | 4491 SO S.R. 7, STE 200 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUD FL | 3.4 CITY-ST-ZIP | |
| TITLE | T | 4.1 TITLE | |
| NAME | DOBROVOSKY, LISA | 4.2 NAME | |
| STREET ADDRESS | 4491 SO S.R. 7, STE 200 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUD FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:  Louis W. Boisvert, III 4/4/97 (954) 321-9555

CP2E034 (9/96)