

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S87740** (4)  
1. Corporation Name  
**PERSONALIZED HOME HEALTH CARE, INCORPORATED**



Principal Place of Business <b>7820 NW 16TH CT PEMBROKE PINES FL 33024-5154 US</b>	Mailing Address <b>7820 NW 16TH COURT BOX 143 PEMBROKE PINS FL 33024-5154 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1701 N.E. 56 ST.</b> Suite, Apt. #, etc. 22 <b># 3</b> City & State 23 <b>FORT LAUDERDALE FL.</b> Zip 24 <b>33334</b>		2a. Mailing Address 26 <b>1701 N.E. 56 ST.</b> Suite, Apt. #, etc. 27 <b># 3</b> City & State 28 <b>FORT LAUDERDALE FL.</b> Zip 29 <b>33334</b> Country 30 <b>BROWARD</b>		3. Date Incorporated or Qualified <b>10/17/1991</b>	3a. Date of Last Report <b>04/24/1996</b>
				4. FEI Number <b>65-0291540</b>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GALLAGHER, JANICE ESQ.</b> <del>2050 SW 27TH AVE</del> <b>1401 BRICKELL AVE.</b> <del>STE 300</del> <b>SUITE 900</b> <del>MIAMI FL 33185</del> <b>MIAMI FL. 33131</b>		10. Name and Address of New Registered Agent 81 Name <b>GALLAGHER JANICE L. ATTY AT LAW</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1401 BRICKELL AVENUE</b> 83 <b>SUITE 900</b> 84 City <b>MIAMI</b> FL 85 Zip Code <b>33131</b>	
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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	DP	1.1 TITLE	DP
NAME	<b>MCAFFEE, BETTY LOU</b>	1.2 NAME	<b>MCAFFEE BETTY LOU</b>
STREET ADDRESS	<b>7820 N.W. 16 CT</b>	1.3 STREET ADDRESS	<b>1701 NE 56 ST. #3</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334</b>
TITLE	DVST	2.1 TITLE	DVST
NAME	<b>STONE, ROBERT</b>	2.2 NAME	<b>ROBERT STONE</b>
STREET ADDRESS	<b>7820 N.W. 16 CT</b>	2.3 STREET ADDRESS	<b>1701 NE 56 ST, #3</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	2.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL. 33334</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_

CR2E034 (4/97)