

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

DOCUMENT # V03515

1. Corporation Name
HEALTH SERVICES OF PEMBROKE LAKES, INC.

Principal Place of Business
**1200 S. PINE ISLAND RD.
STE. 600
FT. LAUDERDALE FL 33324
US**

Mailing Address
**3000 GALLERIA TOWER
SUITE 1000
BIRMINGHAM AL 35244**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.
22 City & State
23 Zip Country
24

26 Suite, Apt #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agents are subject to the laws of the state)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDCE	<input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, E. MAC	
STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, HAROLD O JR.	
STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	THRASHER, TRACY P	
STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	SVCO	<input checked="" type="checkbox"/> DELETE
NAME	PRADO, MARTA	
STREET ADDRESS	1200 S PINE ISLAND RD, SUITE 600	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
12 NAME	LUIS MOSQUERA		
13 STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000		
14 CITY-ST-ZIP	BIRMINGHAM, AL 32544		
21 TITLE	VP SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
22 NAME	SARA J. FINLEY		
23 STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000		
24 CITY-ST-ZIP	BIRMINGHAM, AL 32544		
31 TITLE	TO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
32 NAME	LEISA KIZER		
33 STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000		
34 CITY-ST-ZIP	BIRMINGHAM, AL 32544		
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

(Handwritten signature)

100002827521

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: *Leisa S. Kizer* / *Leisa S. Kizer 5/31/99* 2051733-8996

FILED
99 APR -1 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **01/02/1992**
- 4. FEI Number: **65-0302685**
- 5. Certificate of Status Desired: Applied For Not Applicable
- 6. Election Campaign Financing / Trust Fund Contribution: **\$8.75** Additional Fee Required **\$5.00** May Be Added to Fees
- 8. This Corporation owes the current year Intangible Personal Property Tax: Yes No

10. Name and Address of New Registered Agent

0522018

CR2E034 (1/1/98)

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

DOCUMENT # M00333

1. Corporation Name
HOME HEALTH AGENCY OF GREATER MIAMI, INC.

Principal Place of Business
**8405 N.W. 53RD ST., A200
MIAMI FL 33186**

Mailing Address
**3000 GALLERIA TOWER, STE 1000
BIRMINGHAM AL 35244
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable

(IN/OUT) Registered Agent's signature (agent when available)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PRADO, MARTA	
STREET ADDRESS	1200 SO PINE ISLAND ROAD STE 600	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	CEOP	<input checked="" type="checkbox"/> DELETE
NAME	MCCALL, MAC E	
STREET ADDRESS	3000 GALLERIA TOWER., STE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCALL, MAC E	
STREET ADDRESS	3000 GALLERIA TOWER., STE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, HAROLD O JR	
STREET ADDRESS	3000 GALLERIA TOWER., STE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	THRASHER, TRACY P	
STREET ADDRESS	3000 GALLERIA TOWER., STE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	LUIS MOSQUERA	
13 STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
14 CITY-ST-ZIP	BIRMINGHAM, AL 32544	
21 TITLE	VPSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SARA J. FINLEY	
23 STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
24 CITY-ST-ZIP	BIRMINGHAM, AL 32544	
31 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	LEISA KIZER	
33 STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
34 CITY-ST-ZIP	BIRMINGHAM, AL 32544	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		



000002827520-4

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: *Leisa Kizer* **Leisa Kizer** 3/31/99 205-733-8996

FILED
99 APR -1 AM 9:24
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **05/09/1984**
- 4. FEI Number: **59-2485762** Applied For Not Applicable
- 5. Certificate of State Desired: **\$8.75** Additional Fee Required
- 6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees
- 8. This corporation owes the current year Intangible Personal Property Tax: Yes No
- 10. Name and Address of New Registered Agent

052287

CR2E034 (11/98)