

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V35994 (5)

1. Corporation Name
LIBERTY HOME HEALTH CARE, INC.



Principal Place of Business 4506 LB MCLEOD RD. STE. #F ORLANDO FL 32811 US	Mailing Address 4506 LB MCLEOD RD. STE. #F ORLANDO FL 32811 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 05/07/1992	3a. Date of Last Report 02/09/1995
4. FET Number 59-3172251	
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	

9. Name and Address of Current Registered Agent

GRIGGS, STEPHEN P
4506 LB MCLEOD ROAD, STE F.
ORLANDO FL 32811

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 607.1505, 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 filed application (Date) Registered Agent's signature required when reappointing DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	PAD GRIGGS, STEPHEN P.	1.3 STREET ADDRESS	PASO
CITY-ST-ZIP	4506 LB. MCLEOD ROAD STE F ORLANDO FL	1.4 CITY-ST-ZIP	32811
TITLE	STD	2.1 TITLE	
NAME	IRISH, REBECCA R	2.2 NAME	
STREET ADDRESS	4506 LB MCLEOD RD., STE. #F	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	32811
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	

1.5	NAME	1.6	NAME
1.7	NAME	1.8	NAME
1.9	NAME	1.10	NAME
1.11	NAME	1.12	NAME
1.13	NAME	1.14	NAME
1.15	NAME	1.16	NAME
1.17	NAME	1.18	NAME
1.19	NAME	1.20	NAME
1.21	NAME	1.22	NAME
1.23	NAME	1.24	NAME
1.25	NAME	1.26	NAME
1.27	NAME	1.28	NAME
1.29	NAME	1.30	NAME
1.31	NAME	1.32	NAME
1.33	NAME	1.34	NAME
1.35	NAME	1.36	NAME
1.37	NAME	1.38	NAME
1.39	NAME	1.40	NAME
1.41	NAME	1.42	NAME
1.43	NAME	1.44	NAME
1.45	NAME	1.46	NAME
1.47	NAME	1.48	NAME
1.49	NAME	1.50	NAME
1.51	NAME	1.52	NAME
1.53	NAME	1.54	NAME
1.55	NAME	1.56	NAME
1.57	NAME	1.58	NAME
1.59	NAME	1.60	NAME
1.61	NAME	1.62	NAME
1.63	NAME	1.64	NAME
1.65	NAME	1.66	NAME
1.67	NAME	1.68	NAME
1.69	NAME	1.70	NAME
1.71	NAME	1.72	NAME
1.73	NAME	1.74	NAME
1.75	NAME	1.76	NAME
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1.81	NAME	1.82	NAME
1.83	NAME	1.84	NAME
1.85	NAME	1.86	NAME
1.87	NAME	1.88	NAME
1.89	NAME	1.90	NAME
1.91	NAME	1.92	NAME
1.93	NAME	1.94	NAME
1.95	NAME	1.96	NAME
1.97	NAME	1.98	NAME
1.99	NAME	1.100	NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 change or on an attachment with an address.

SIGNATURE: *Rebecca P. Irish* **4/12/96 (407) 841-2115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)