

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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90086 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V35994**

1. Corporation Name
LIBERTY HOME HEALTH CARE, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
05/07/1992

4. FEI Number
59-3172251

5. Certificate of Status 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

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GRIGGS, STEPHEN P.	
STREET ADDRESS	4506 L.B. MCLEOD ROAD STE F	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ZIOMEK, JANET L	
STREET ADDRESS	4506 L.B. MCLEOD RD., SUITE F	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NOVELL, N. SCOTT	
STREET ADDRESS	4506 .B. MCLEOD RD., SUITE F	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVIN, MARC	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELKINS, MARSHALL	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

407-841-2115

Date

Daytime Phone #

CR2E034 (11/98)