


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

Sep 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V47557 (6) 1. Corporation Name HSSI MEDICARE HOME OFFICE, INC.					
Principal Place of Business 6245 N FEDERAL HIGHWAY STE 400 FT. LAUDERDALE FL 33316 US			Mailing Address 6245 N FEDERAL HIGHWAY STE 400 FT. LAUDERDALE FL 33316 US		
2. Principal Place of Business 21. Same		2a. Mailing Address 26. Same		3. Date Incorporated or Qualified 07/01/1992	
22. Suite, Apt. #, etc. Suite 400		27. Suite, Apt. #, etc. Suite 400		4. FEI Number 65-0341842	
23. City & State Same		28. City & State Same		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Addition Fee Required	
24. Zip Same		29. Zip Same		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country Same		30. Country Same		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SHIELDS, BOBBY L 6245 N FED HWY #500 FT. LAUDERDALE FL 33308				10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. Suite 84. City 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 President 9/22/98					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP PD BARNHILL, JEFFREY A 6245 N FED HWY, #500 FORT LAUDERDALE FL 33308			1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP Resident Ron Lusk 6245 N. Fed. Hwy. #100 Fort Lauderdale FL 33308		
1.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP S SHIELDS, BOBBY L 6245 N FED HWY, #500 FORT LAUDERDALE FL 33308			2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP Director Joe William, Jr. 6245 North Federal Highway Fort Lauderdale, FL 33308		
1.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		
1.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		
1.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		
1.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		



DO NOT WRITE IN THIS SPACE

3a. Date of Last Report 9/30/97	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Addition Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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.