

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V51505 (8)
1. Corporation Name
H & M HOME HEALTH SERVICES, INC.

Principal Place of Business 3900 NW 79 AVE. STE 601 MIAMI FL 33166 US	Mailing Address 3900 NW 79 AVE. STE 601 MIAMI FL 33166 US
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 07/17/1992	
4. FEI Number 65-0425426		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. 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

BAILEY, ABE A.
20401 N.W. 2ND AVE.
SUITE 208
MIAMI FL 33189

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____

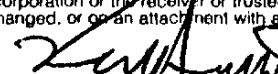
OFFICERS AND DIRECTORS

TITLE	C	DELETE
NAME	HEWETT, AUDLEY	
STREET ADDRESS	9300 SOUTH DADELAND BLVD, SUITE 210	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	DELETE
NAME	HENDRICKS, VERNON L.	
STREET ADDRESS	9781 S.W. 147TH ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	S	DELETE
NAME	HEWETT, LORNA S.	
STREET ADDRESS	9300 SOUTH DADELAND BLVD, SUITE 210	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	DELETE
NAME	EPSTEIN, STEPHEN	
STREET ADDRESS	4801 PONCE DE LEON BLVD., #210	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE	D	DELETE
NAME	HEWETT, WAYNE	
STREET ADDRESS	9300 SOUTH DADELAND BLVD, SUITE 210	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	DELETE
NAME	VENDRYES, CHRISTOPHER	
STREET ADDRESS	7990 S.W. 68TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33143	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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.

SIGNATURE:  KEVIN HEWETT Pres. 4/9/98 (305) 718-8400

CR2E034 (10/97)