


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

****PLEASE NOTE THIS IS AN
AMENDED ANNUAL REPORT****

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V68675

1. Corporation Name
ADIRONDACK HOME CARE, INC.

Principal Place of Business Mailing Address
**9777B Sample Road
Coral Springs, Florida 33065**

3. Date Incorporated or Qualified 3a. Date of Last Report
October 5, 1992 9/12/97

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 65-0360336	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired XX	\$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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Filings, Inc.
3732 Northwest 16th Street
Fort Lauderdale, FL 33311**

10. Name and Address of New Registered Agent

81 Name Pamela Joyce Parslow
82 Street Address (P.O. Box Number is Not Acceptable) 9777B Sample Road
83
84 City Coral Springs
85 Zip Code FL 33065

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

Pamela J. Parslow

(NOTE: Registered Agent signature required when reconstituting)

10/16/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President <input type="checkbox"/> DELETE	NAME John K. Parslow	1.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Pamela Joyce Parslow
STREET ADDRESS 8510 State Road 84	CITY-ST-ZIP Fort Lauderdale, FL 33324	1.2 NAME Pamela Joyce Parslow	1.3 STREET ADDRESS 9777B Sample Road
TITLE Treasurer <input type="checkbox"/> DELETE	NAME John K. Parslow	1.4 CITY-ST-ZIP Coral Springs, FL 33065	
STREET ADDRESS 8510 State Road 84	CITY-ST-ZIP Fort Lauderdale, FL 33324	2.1 TITLE Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Pamela Joyce Parslow
TITLE Director <input type="checkbox"/> DELETE	NAME John K. Parslow	2.2 NAME Pamela Joyce Parslow	2.3 STREET ADDRESS 9777B Sample Road
STREET ADDRESS 8510 State Road 84	CITY-ST-ZIP Fort Lauderdale, FL 33324	2.4 CITY-ST-ZIP Coral Springs, FL 33065	
TITLE Director <input type="checkbox"/> DELETE	NAME John K. Parslow	3.1 TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Pamela Joyce Parslow
STREET ADDRESS 8510 State Road 84	CITY-ST-ZIP Fort Lauderdale, FL 33324	3.2 NAME Pamela Joyce Parslow	3.3 STREET ADDRESS 9777B Sample Road
TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Pamela Joyce Parslow	3.4 CITY-ST-ZIP Coral Springs, FL 33065	
STREET ADDRESS 9777B Sample Road	CITY-ST-ZIP Coral Springs, FL 33065	4.1 TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Pamela Joyce Parslow
TITLE Director <input type="checkbox"/> DELETE	NAME John K. Parslow	4.2 NAME Pamela Joyce Parslow	4.3 STREET ADDRESS 9777B Sample Road
STREET ADDRESS 8510 State Road 84	CITY-ST-ZIP Fort Lauderdale, FL 33324	4.4 CITY-ST-ZIP Coral Springs, FL 33065	
TITLE Director <input type="checkbox"/> DELETE	NAME John K. Parslow	5.1 TITLE Director <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Pamela Joyce Parslow
STREET ADDRESS 8510 State Road 84	CITY-ST-ZIP Fort Lauderdale, FL 33324	5.2 NAME Pamela Joyce Parslow	5.3 STREET ADDRESS 9777B Sample Road
TITLE Director <input type="checkbox"/> DELETE	NAME John K. Parslow	5.4 CITY-ST-ZIP Coral Springs, FL 33065	
STREET ADDRESS 8510 State Road 84	CITY-ST-ZIP Fort Lauderdale, FL 33324	6.1 TITLE Director <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Pamela Joyce Parslow
TITLE Director <input type="checkbox"/> DELETE	NAME John K. Parslow	6.2 NAME Pamela Joyce Parslow	6.3 STREET ADDRESS 9777B Sample Road
STREET ADDRESS 8510 State Road 84	CITY-ST-ZIP Fort Lauderdale, FL 33324	6.4 CITY-ST-ZIP Coral Springs, FL 33065	

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 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: *Pamela J. Parslow*

10/16/97 (561) 894-0500

CR2E034 (9/96)