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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300004430 (5)

## FILED May 13 1998 8:00am Secretary of State

	ALMS HOME & HEALTH CA	ARE SERVICES, INC.						
Principal Place	e of Business	Mailing Address			T LOBITION STATE LATING ATTENDED AND SERVICE DOUGHT		0(DII <b>(192)</b>	ii(i) <b>20</b> (1 ( <b>00</b> )
490 ALTERNATE KEENE RD 820 Largo Fl 33771 Us		1107 HAZELTINE BLVD						
		200 Chaska mn 55305 Us			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
					09/30/1993			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		1	Applied For
21		26			41-1753931			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	X		Additional
2		27			CT COMMON OF CHARLES DOGGE			3equired
City & State	9	City & State			6. Election Campaign Financing	_		О Мау Ве
7:0	Country	28	Country		Trust Fund Contribution			to Fees
Zip [4]	— <i>′</i>	Zip	30	,	8. This corporation owes or has p	-		ntangible □ No
<u></u>	9. Name and Address of Current	29   Registered Agent	1301		Personal Property Tax due Jun  10. Name and Address of New R			
HAI	RRINGTON, CAREY MS.		81	Name	100 100 000 100 00 000 00 000 00	-3		
	O EAST BAY DRIVE, SUITE 207				40 O D 41			
	1GO FL 34641		82	Street Addr	ress (P.O. Box Number is Not Accepta	able)		
			63					
			ليإ				<del></del>	<u> </u>
			64	City		FL	85 Zip	Code
SIGNATURE					poration submits this statement for the cion's board of directors. I hereby according to the control of directors and the control of the co		ointment a	s registered
SIGNATURE	ogistered agent, or both, in the State of m familiar with, and accept the obligation Signature typed or printed name of registered agent OFFICERS AND	al and title if applicable (NC			poration submits this statement for the tion's board of directors. I hereby account of the tion's board of directors. I hereby account of the tion's board of directors. I hereby account of the tion's board	DAYE		
SIGNATURE	Signature typed or printed name of registures agree OFFICERS AND	al and title if applicable (NC	DTE: Registered Age		red when reinstating)	DAYE		PRS IN 12
SIGNATURE 12.	Signature typed or printed name of registeres again OFFICERS AND PD GOODMAN, JOHN B	at and tate if applicable (NO DIRECTORS	DTE Registered Age		red when reinstating)	DAYE	DIRECTO	PRS IN 12
SIGNATURE  12.  TITLE  NAME	Signature typed or printed name of registered agrin  OFFICERS AND  PD  GOODMAN, JOHN B  1107 HAZELTINE BLVD #200	at and tate if applicable (NO DIRECTORS	TE Registered Age 13.	ent signatura requir	red when reinstating)	DAYE	DIRECTO	PRS IN 12
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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 Invisee 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

John B. Hoodman

John B. Goodman

46/98

612-361-8000