

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000082640 (1)**
 1. Corporation Name:
PERERA HOME HEALTH CARE, INC.



Principal Place of Business: 6741 SW 24 STREET, SUITE 48 MIAMI FL 33155
 Mailing Address: 6741 SW 24 STREET, SUITE 48 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	4143 SW 74 CT	26	4143 SW 74 CT	11/10/1994	
Suite, Apt. #, etc		Suite, Apt. #, etc.		4. FEI Number	
22	STE A	27	STE A	65-0533544	
City & State		City & State		Applied For	
23	MIAMI FL	28	MIAMI FL	Not Applicable	
24	33155	29	33155	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25	DADE	30	DADE	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
PERERA, IDALMI D
800 NW 40 AVENUE
MIAMI FL 33126

81 Name: **PERERA IDALMI D**
 82 Street Address (P.O. Box Number is Not Acceptable): **4143 SW 74 CT**
 83 **STE A**
 84 City: **MIAMI** FL 85 Zip Code: **33155**

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: *Idalmi D Perera* (NOT Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERERA, IDALMI D	1.2 NAME	
STREET ADDRESS	800 NW 40 AVENUE	1.3 STREET ADDRESS	PERERA IDALMI D
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	4143 SW 74 CT STE A MIAMI FL 33155
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	400002546504
STREET ADDRESS		5.3 STREET ADDRESS	-06/03/98--01086--050
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

5.2 NAME: **400002546504**
 5.3 STREET ADDRESS: **-06/03/98--01086--050**
 5.4 CITY-ST-ZIP: *****150.00**

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: *Idalmi D Perera* 5/1/98 (305) 269-9955

CR2E034 (10/97)