**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000082906

GOLDENCARE HOME HEALTH AGENCY, INC.							
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MIAMI FL 33173 MIAMI FL 33173 US US				3. Date Incorporate			
100		US		10/30/1995			{
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Suite, Apt.	<del>7                                    </del>	Suite, Apt, #, etc.	,,,		us Desired	\$8.75	
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	9. Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Audi	ess of New Registards	- Agein	
) nea	DZCO, GLADYS		1 1	Opero, Le	eonei		
	D S.W. 139TH AVENUE		82 Street Ad	Idress (P.O. Box Number	s Not Acceptable)		j
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44 Burnings	to the provisions of Santons 607 050	12 and 607 1508. Florida Statutes	the above-named co	Proporation submits this state	ement for the purpose of	of changing its	registered
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with and accept the obliga	of Florida, Such change was aut	horized by the corpora	ation's board of directors.	hereby accept the app	ointment as re	gistered
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CITY-ST-ZIP 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 armual 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, with all other like empowered. SIGNAL UZ OSSOUIRED SIGNAL OF STANDARD FICER OF DIRECTOR

SIGNATURE: \_

T-596-3181

Apr 14, 1999 8:00 am Secretary of State

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