

FILED
Apr 14, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000082906

1. Corporation Name
GOLDENCARE HOME HEALTH AGENCY, INC.



Principal Place of Business 10300 SW 72ND STREET SUITE 325 MIAMI FL 33173 US	Mailing Address 10300 SW 72ND STREET SUITE 325 MIAMI FL 33173 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/30/1995		4. FEI Number 65-0620020		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 10300 S.W. 72nd Street	2a. Mailing Address 26 10300 S.W. 72nd Street	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Suite, Apt. #, etc. 22 Suite 440	Suite, Apt. #, etc. 27 Suite 440	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		
City & State 23 Miami, Florida	City & State 28 Miami, Florida	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Zip 24 33173	Country 25 Miami-Dade	Zip 29 33173	Country 30 Miami-Dade	

9. Name and Address of Current Registered Agent

OROZCO, GLADYS
3240 S.W. 139TH AVENUE
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name **Orozco, Leonel**
 82 Street Address (P.O. Box Number is Not Acceptable)
3240 SW 139 Avenue
 83
 84 City **Miami** FL 85 Zip Code **33175**

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 Leonel Orozco Leonel Orozco 4/21/99
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO OROZCO, GLADYS 3240 S.W. 139TH AVENUE MIAMI FL 33175	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OROZCO, LEONEL 3240 SW 139 AVENUE MIAMI FL 33175	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OROZCO, BERTISABEL 3240 S.W. 139TH AVENUE MIAMI FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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, with all other like empowered.

SIGNATURE: Signature Required 4/8/99 305-596-3181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)