

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED**  
**Jul 19 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # S25594 (0)**

**1. Corporation Name PERFECT NURSING HOME HEALTH CARE, INC.**



**Principal Place of Business**  
5545 S.W. 8TH ST.  
SUITE 210  
MIAMI FL 33134

**Mailing Address**  
5545 S.W. 8TH ST.  
SUITE 210  
MIAMI FL 33134

**3. Date Incorporated or Qualified** 01/17/1991  
**3a. Date of Last Report** 10/18/1995  
**4. FEI Number** 65-0239972  
**5. Certificate of Status Desired**  \$8.75 Additional Fee Required  
**6. Election Campaign Financing Trust Fund Contribution**  \$5.00 May Be Added to Fees  
**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes**  Yes  No

**2. Principal Place of Business**  
**2a. Mailing Address**  
**21** Suite, Apt. #, etc  
**22** City & State  
**23** Zip  
**24** Country

**9. Name and Address of Current Registered Agent**  
**FERNANDEZ, OMAR**  
**9884 S.W. 156 CT.**  
**MIAMI FL 33196**

**10. Name and Address of New Registered Agent**  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**85** Zip Code **FL**

**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**  
Signature of person performing duties of registered agent and fee collector (IF FEE Registered Agent signature required, check reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>QUINTANA, JULIO</b>	
STREET ADDRESS	<b>5545 S.W. 8TH ST., #210</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>11</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12</b> NAME	
<b>13</b> STREET ADDRESS	
<b>14</b> CITY-ST-ZIP	
<b>21</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>22</b> NAME	
<b>23</b> STREET ADDRESS	
<b>24</b> CITY-ST-ZIP	
<b>31</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>32</b> NAME	
<b>33</b> STREET ADDRESS	
<b>34</b> CITY-ST-ZIP	
<b>41</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>42</b> NAME	
<b>43</b> STREET ADDRESS	
<b>44</b> CITY-ST-ZIP	
<b>51</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>52</b> NAME	
<b>53</b> STREET ADDRESS	
<b>54</b> CITY-ST-ZIP	
<b>61</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>62</b> NAME	
<b>63</b> STREET ADDRESS	
<b>64</b> CITY-ST-ZIP	

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** *J. Quintana* **7/8/96 305 2619928**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (3/96)