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Apr 02 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V45229

(4)

1. Corporation Name
CORAL HOME CARE, INC.

Principal Place of Business

1149 SW 27 AVE.
SUITE 303-A
MIAMI FL 33135
US

Mailing Address

1800 S.W. 1ST
SUITE 312
MIAMI FL 33135-1945

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 256 N. N. 42 Avenue

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30 33126

USA

3. Date Incorporated or Qualified

06/22/1992

3a. Date of Last Report

03/07/1996

4. FEI Number

65-0841163 65-0615484

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

AVELLANEDA, TERESA D
1149 SW 27 AVE.
SUITE 303-B
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, to 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

Teresa D. Avellaneda

Registered Agent

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 PTSV ☐ DELETE
NAME AVELLANEDA, TERESA D
STREET ADDRESS 1149 S.W. 27 AVE SUITE 303
CITY- ST- ZIP MIAMI FL 33135TITLE VP ☐ DELETE
NAME AVELLANEDA, TERESA D
STREET ADDRESS 1149 S.W. 27 AVE., SUITE 304
CITY- ST- ZIP MIAMI FL 33135TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:

Teresa D. Avellaneda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

CR2E034 (9/96)