

FILE NOW: FILING FEE AFTER MAY 1 IS \$325.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 22 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V70484

(3)

1. Corporation Name

FLORIDA HOME CARE AND EQUIPMENT, INC.

Principal Place of Business

1822 E 4 AVE
B
HIALEAH FL 33010-3115
US

Mailing Address

1822 3 4 AVE
B
HIALEAH FL 33010-3115
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/05/1992

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0364609

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

QUINTANA, ROSA M.
11107 WEST OKEECHOBEE ROAD
HIALEAH GARDENS FL 33016

10. Name and Address of New Registered Agent

81 Name

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

1822 E 4 AVE

83 Suite B

84 City

Hialeah

FL

85 Zip Code

33010

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, 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
D	QUINTANA, ROSA M.	831 WEST 53RD STREET	HIALEAH GARDENS FL
P	VALDES, IRENE	6000 N.W. 114 ST.	HIALEAH FL 33012

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 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)(a), Florida Statutes. I further certify that the information is correct on the original report or subsequent 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 recorder 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 changes or corrections are made with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Rosa M. Quintana 3/13/95 (205) 8639959