

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N41322 (1)

1. Corporation Name

COMPLETE CARE HOME HEALTH AGENCY, INC.

Principal Place of Business

651 E 25TH STREET
HIALEAH FL 33013

Mailing Address

651 E 25TH STREET
HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0328343

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LINTON, CHARLES B.
C/O HIALEAH HOSPITAL
651 E 25TH STREET
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name

CLIFFORD J. BAUER

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

651 East 25th Street
Hialeah, FL 33013

83 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, 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 reappointing)

DATE

4/28/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
ANDERSON, O.D.
777 E. 25 ST. #316
HIALEAH FL 33013

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
WEST, ARTHUR B
651 EAST 25 STREET
HIALEAH FL 33013

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

~~CD~~
~~LINTON, CHARLES B~~
~~651 E 25TH STREET~~
~~HIALEAH FL~~

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
LESLIE, ROSEN
9495 SUNSET DRIVE #B280
MIAMI FL 33173

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
CRUZ, LILA E.
6020 W. 14 COURT
HIALEAH FL 33012

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☒ Change ☐ Addition

C
David M. Snyder
651 East 25th Street
Hialeah, FL 33013

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

Date

305-835-4240

Anytime Between 8