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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 728509

1. Corporation Name

United Home Care Services, Inc.

Principal Place of Business	Mailing Address
5255 NW 87 Avenue, Suite 400 Miami, FL 33178	

3. Date Incorporated or Qualified: 12/31/73

4. FEI Number: 59-1523943 ☐ 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

Weldon, Carol
2968 Birkdale
Ft. Lauderdale, FL 33332

10. Name and Address of New Registered Agent

81 Name: Jose R. Fox
82 Street Address (P.O. Box Number is Not Acceptable): 5255 NW 87 Avenue, Suite 400
83
84 City: Miami FL 85 Zip Code: 33178

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] Jose R. Fox, President 4/7/98
Signature by officer of corporation of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE	CD	☐ Change ☒ Addition
NAME	Weldon, Carol		1.2 NAME	Carlos Fernandez-Guzman	
STREET ADDRESS	2968 Birkdale		1.3 STREET ADDRESS	230 Westward Drive	
CITY-ST-ZIP	Ft. Lauderdale FL 33332		1.4 CITY-ST-ZIP	Miami Springs, FL 33166	
TITLE	PD	☐ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	Fox, Jose R.		2.2 NAME	Nestor Plana	
STREET ADDRESS	5255 NW 87 Ave, Suite 400		2.3 STREET ADDRESS	2511 Ponce de Leon Blvd, 5th Floor	
CITY-ST-ZIP	Miami, FL 33178		2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	SD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	Fletcher, John		3.2 NAME	Julie Baird	
STREET ADDRESS	200 S. Biscayne Blvd.		3.3 STREET ADDRESS	14750 NW 77 Court	
CITY-ST-ZIP	Miami, FL 33126		3.4 CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Gonzalez-Blanco, Roberto		4.2 NAME		
STREET ADDRESS	10 NW 42 Avenue		4.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33126		4.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	5.1 TITLE	100002504751 -04/29/98--01021--012 ***70.00	☐ Change ☐ Addition
NAME	Cruz, Simon		5.2 NAME		
STREET ADDRESS	780 NW 42 Avenue		5.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33126		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

4.28

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

SIGNATURE: [signature] Jose R. Fox 4/7/98 305-477-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/97)