

FILE NOW: FILING FEE IS \$61.25

FILED
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
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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	

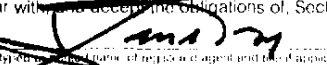
2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified	12/31/73
4. FEI Number	59-1523943
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

8. 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
85 Zip Code	FL 33178

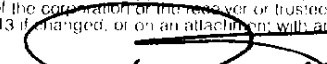
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  Jose R. Fox, President 4/7/98

12. OFFICERS AND DIRECTORS			
TITLE	CD	☒ DELETE	
NAME	Weldon, Carol		
STREET ADDRESS	2968 Birkdale		
CITY-ST-ZIP	FT. Lauderdale FL 33332		
TITLE	PD	☐ DELETE	
NAME	Fox, Jose R.		
STREET ADDRESS	5255 NW 87 Ave, Suite 400		
CITY-ST-ZIP	Miami, FL 33178		
TITLE	SD	☒ DELETE	
NAME	Fletcher, John		
STREET ADDRESS	200 S. Biscayne Blvd.		
CITY-ST-ZIP	Miami, FL 33126		
TITLE	TD	☒ DELETE	
NAME	Gonzalez-Blanco, Roberto		
STREET ADDRESS	10 NW 42 Avenue		
CITY-ST-ZIP	Miami, FL 33126		
TITLE	VD	☒ DELETE	
NAME	Cruz, Simon		
STREET ADDRESS	780 NW 42 Avenue		
CITY-ST-ZIP	Miami, FL 33126		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	CD	☐ Change ☒ Addition	
1.2 NAME	Carlos Fernandez - Guzman		
1.3 STREET ADDRESS	230 Westward Drive		
1.4 CITY-ST-ZIP	Miami Springs, FL 33166		
2.1 TITLE	SD	☐ Change ☒ Addition	
2.2 NAME	Nestor Piana		
2.3 STREET ADDRESS	2511 Ponce de Leon Blvd, 5th Floor		
2.4 CITY-ST-ZIP	Coral Gables, FL 33134		
3.1 TITLE	TD	☐ Change ☒ Addition	
3.2 NAME	Julie Baird		
3.3 STREET ADDRESS	14750 NW 77 Court		
3.4 CITY-ST-ZIP	Miami Lakes, FL 33016		
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 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 incorporator 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:  Jose R. Fox 4/7/98 305-477-0440

CR2E037 (10/97)