2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 728509

1. Entity Name
UNITED HOME CARE SERVICES, INC.

FILED
Apr 27, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
5255 N.W. 87TH AVENUE SUITE 400 MIAMI, FL 33178 US	5255 N.W. 87TH AVENUE SUITE 400 MIAMI, FL 33178 US

03242005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1523943

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOX, JOSE R
5255 N.W. 87TH AVENUE
SUITE 400
MIAMI, FL 33178

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 4/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	PLANA, NESTOR
STREET ADDRESS	5255 NW 87TH AVE # 400
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	PD
NAME	FOX, JOSE R
STREET ADDRESS	5255 N.W. 87TH AVE, SUITE 400
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	SD
NAME	FUENTES, JOSE K
STREET ADDRESS	172-A WEST FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	TD
NAME	SANCHEZ, RICARDO
STREET ADDRESS	2600 PONCE DE LEON BLVD 19TH FL
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/05-80156-017 70.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #