## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F11999

RUBY'S HOME HEALTH AGENCY, INC.

(2)

FILED
Jul 02 1997 8:00am
Secretary of State



| Principal Place of Business Mailing Address   |  |                                    |                       |                                       |             |   |                                       |                                |             |  |
|---|--|------------------------------------|-----------------------|---------------------------------------|-------------|---|---------------------------------------|--------------------------------|-------------|--|
| 3780 W. OAKLAND PARK BLVD. LAUDERDALE LAKES FL 33311-1152 US  3760 W. OAKLAND PARK BLAUDERDALE LAKES FL 33 US   |  |                                    |                       |                                       |             |   |                                       |                                |             |  |
|   |  |                                    |                       |                                       |             | 3. Date Incorporated or Qualific 01/12/1981   |                                       | Date of Last F<br>/12/1996     | Report      |  |
| 21  | lace of Businoss   | 2e. Mailing Address 26             |                       |                                       |             | 4. FEI Number Applied For 59-2057442 Not Applied For  |                                       |                                |             |  |
| Suite, Apt.   |  | Suite, Apt. #, etc.<br>27          |                       |                                       |             | 5. Certificate of Status Desired  | ×                                     | \$8.75 Additional Fee Required |             |  |
| City & State  |  | City & State                       |                       |                                       |             | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                    |                                       |                                |             |  |
| Zip <b>24</b>   | Country         Zip         Country           25         29         30 |                                    |                       | y                                     |             | 8. This corporation has liability for intangible tax under s. 19 Florida Statutes XYes \(\bigcap\) No |                                       |                                | s. 199.032, |  |
|   | 9, Name and Address of Current   | Registered Agent                   |                       |                                       |             | 10. Name and Address of New   | Registered                            | Agent                          |             |  |
|   | AAN, RUBY  |                                    | 81                    | N                                     | lame        |   |                                       |                                |             |  |
| 3760 W. OAKLAND PARK BLVD.<br>LAUDERDALE LAKES FL 33311   |  |                                    | 82                    | s                                     | treet Addre | ess (P.O. Box Number is Not Acceptable)   |                                       |                                |             |  |
| i   |  | 83                                 | ļ                     |                                       |             |   | · · · · · · · · · · · · · · · · · · · |                                |             |  |
|   |  |                                    | 84                    | c                                     | lity        |   | FL                                    | <b>85</b> 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 registried agent and title if applicable. (NOTE: Registered Agent signature   |  |                                    |                       |                                       |             |   | DATE                                  |                                |             |  |
| 12.<br>TITLE  | PST OFFICERS AND   | DELETE                             | 13.                   |                                       | <u>-</u>    | ADDITIONS/CHANGES TO OF   | FICERS AN                             |                                |             |  |
| NAME  | EDMAN, RUBY  |                                    | 1.1 THLE<br>1.2 NAME  |                                       |             |   |                                       | Change                         | Add:tion    |  |
| STREET ADDRESS  | 3760 W OAKLAND PARK BLVD   |                                    |                       | LADD                                  | volet.      |   |                                       |                                |             |  |
| CITY-ST-ZIP   | LAUDERDALE LAKES FL  |                                    |                       | 1.3 STREET ADDRESS<br>1.4 City-St-Zip |             |   |                                       |                                |             |  |
| TITLE   | VP   | DELETE                             | 2.1 TITLE             | 21 - 711                              |             |   | <del></del>                           | Change                         | Addition    |  |
| NAME  | EDMAN, VINCENT   | <del></del>                        | 2.2 NAME              |                                       |             |   |                                       | onungs                         |             |  |
| STREET ADDRESS  | 3760 W OAKLAND PARK BLVD   |                                    |                       | 2.3 STREET ADDRESS                    |             |   |                                       |                                |             |  |
| CITY-ST-ZIP   | LAUDERDALE LAKES FL  | t                                  | 2. 4 CITY -           | S1 - ZI                               | IP .        |   | •                                     |                                | ľ           |  |
| TITLE   | D  | ☐ DELETE                           | 3.1 TITLE             |                                       |             |   |                                       | Change                         | Addition    |  |
| NAME  | EDMAN, RUBY  |                                    | 3.2 NAME              |                                       |             |   |                                       |                                |             |  |
| STREET ADDRESS  | 3760 W OAKLAND PARK BLVD   |                                    | 3.3 STREET            | ADD                                   | RESS        |   |                                       |                                |             |  |
| CITY-ST-ZIP   | LAUDERDALE LAKES FL  |                                    |                       | ST - ZI                               | .P          |   |                                       |                                |             |  |
| TITLE   |  | ☐ DELETE                           | 4.1 TITLE             |                                       |             |   |                                       | Change                         | ☐ Addition  |  |
| NAME  | ·  |                                    | 4. 2 NAME             |                                       |             |   |                                       |                                |             |  |
| STREET ADDRESS  |  |                                    |                       | 4.3 STREET ADDRESS                    |             |   |                                       |                                |             |  |
| CITY-ST-ZIP<br>TITLE  | DELETE   |                                    |                       | 4.4 CITY - ST - ZIP                   |             |   |                                       | Change                         | Addition    |  |
| NAME  | ייי אנינונ   |                                    | 5.1 TITLE<br>5.2 NAME | 5.1 TITLE<br>5.2 NAME                 |             |   |                                       | □ Change                       | Addition    |  |
| STREET ADDRESS  |  |                                    | 5.3 STREET            | <b>₹</b> DOI                          | RESC        |   |                                       |                                |             |  |
| CITY-ST-ZIP   |  |                                    | 5.4 CITY - S          |                                       | ĺ           |   |                                       |                                |             |  |
| TITLE   | 701  | DELETE                             | 6.1 TITLE             | i cir                                 |             |   |                                       | Change                         | Addition    |  |
| NAME  |  |                                    | 62 NAME               |                                       |             |   |                                       |                                |             |  |
| STREET ADDRESS  |  |                                    | 6.3 STREET            | ADD!                                  | RESS        |   |                                       |                                |             |  |
| CITY-ST-ZIP   |  |                                    | 6.4 D(TY-S            |                                       |             |   |                                       |                                |             |  |
| 14 I do bereb   | u cortify that the information supplied                                | white their filters where the same |                       |                                       |             | . O 440 07(0)() - Fig. 1-1- O   |                                       |                                |             |  |

I up nereby certily 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.