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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F11999**

1. Corporation Name
RUBY'S HOME HEALTH AGENCY, INC.

Principal Place of Business	Mailing Address
3760 W. OAKLAND PARK BLVD. LAUDERDALE LAKES FL 33311-1152 US	3760 W. OAKLAND PARK BLVD. LAUDERDALE LAKES FL 33311-1152 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/12/1981

2. Principal Place of Business	2a. Mailing Address
21: 4343 W. SUNRISE BLVD	26: 4343 W. SUNRISE BLVD
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: PLANTATION, FLORIDA	City & State 28: PLANTATION, FLORIDA
Zip 24: 33313 Country 25: U.S.A.	Zip 29: 33313 Country 30: U.S.A.

4. FEI Number: 59-2057442 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EDMAN, RUBY
3760 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33311

10. Name and Address of New Registered Agent

81 Name: EDMAN, RUBY GLEN
82 Street Address (P.O. Box Number is Not Acceptable): 4343 W. SUNRISE BLVD
83:
84 City: PLANTATION FL 85 Zip Code: 33313

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE	PST	☒ Change ☐ Addition
NAME	EDMAN, RUBY		1.2 NAME	EDMAN, RUBY GLEN	
STREET ADDRESS	3760 W OAKLAND PARK BLVD		1.3 STREET ADDRESS	4343 W. SUNRISE BLVD	
CITY-ST-ZIP	LAUDERDALE LAKES FL		1.4 CITY-ST-ZIP	PLANTATION, FL 33313	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	EDMAN, VINCENT		2.2 NAME	EDMAN, VINCENT T.	
STREET ADDRESS	3760 W OAKLAND PARK BLVD		2.3 STREET ADDRESS	4343 W. SUNRISE BLVD	
CITY-ST-ZIP	LAUDERDALE LAKES FL		2.4 CITY-ST-ZIP	PLANTATION, FL 33313	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	EDMAN, RUBY		3.2 NAME	EDMAN, RUBY GLEN	
STREET ADDRESS	3760 W OAKLAND PARK BLVD		3.3 STREET ADDRESS	4343 W. SUNRISE BLVD	
CITY-ST-ZIP	LAUDERDALE LAKES FL		3.4 CITY-ST-ZIP	PLANTATION, FL 33313	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E034 (11/98)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED Ruby G. Edman 1.8.99. 954-584-1970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #