

**F96000002553**  
**TRANSMITTAL LETTER**

**TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS**

**SUBJECT:** Mi Angel Home Health Care, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Elva Alfonso  
(Name of Person)  
Mi Angel Home Health  
(Firm/Company)  
6920 Harding Ave. #206  
(Address)  
Miami Beach, Fla. 33141  
(City, State and Zip Code)

100001758671  
-03/26/96--01172--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

W96-6641

Should you need to call someone concerning this matter, please call:

Daisy M. De Oca at ( 305 ) 827 - 1500  
(Name of Person) Area Code & Daytime Telephone Number

96/22  
96 MAY 22 AM 10:04  
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DIVISION OF CORPORATIONS

**COURIER ADDRESS:**  
Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

March 27, 1998

**ELVA ALFONSO**  
**MI-ANGEL HOME HEALTH**  
**6920 HARDING AVE. #206**  
**MIAMI BEACH, FL 33141**

**SUBJECT: MI-ANGEL HOME HEALTH CARE, INC.**  
Ref. Number: W96000006641

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We have received your document for MI-ANGEL HOME HEALTH CARE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6095.

Jennifer Sinti  
Document Examiner

Letter Number: 596A00014072

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:**

1. Mi-Angel Home Health Care, Inc.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. New Jersey 3. 22-3334024  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/08/93 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or 'perpetual')

6. - Upon Qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. 6920 Harding Ave. #206  
Miami Beach, Fla. 33141  
(Current mailing address)

8. Home Health Care  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:**

Name: Elva Alfonso

Office Address: 6920 Harding Ave. #206

Miami Beach, Florida, 33141  
(Zip Code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Elva Alfonso  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Ana M. Planas

Address: 326 - 48 Street

Union City, NJ 07087

Vice President: Yamila Sierra

Address: 18601 NW 47 Ct.

Miami, Fla. 33055

Secretary: Daisy M. De Oca

Address: 561 E. 59 Street


Hialeah, Fla. 33013

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Daisy M. De Oca - Secretary  
(Typed or printed name and capacity of person signing application)

NEW JERSEY SECRETARY OF STATE

MI-ANGEL HOME HEALTH CARE, INC.

I, THE SECRETARY OF STATE OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY THAT THE RECORDS OF THIS OFFICE SHOW THAT THE CHARTER/AUTHORITY OF THE ABOVE-NAMED NJ BUSINESS WAS FILED IN THIS OFFICE ON SEP. 08, 1993.

I FURTHER CERTIFY, THAT SO FAR AS THE RECORDS OF THIS OFFICE SHOW, SAID BUSINESS HAS NOT BEEN DISSOLVED, CANCELLED, OR WITHDRAWN, NOR HAS ITS CHARTER/AUTHORITY BEEN VOIDED/REVOKED FOR NON-PAYMENT OF STATE TAXES BY PROCLAMATION. IT NOW CONTINUES TO MAINTAIN ACTIVE STATUS WITHIN THE STATE OF NEW JERSEY. AT THE TIME OF THE ISSUANCE OF THIS CERTIFICATE, ANNUAL REPORTS ARE OUTSTANDING FOR 95.

I FURTHER CERTIFY THAT THE LOCATION OF THE REGISTERED OFFICE IS

C/O BLOOM & CAMPBELL ESQS

4607 BERGENLINE AVENUE

UNION CITY

NJ 07087

AND THE REGISTERED AGENT IS JEFFREY M BLOOM.

DEC. 27, 1995

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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*Louise R. Hooley*

