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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 FEB -7 PM 3:20

DOCUMENT # H39873 (5)

1. Corporation Name
SSJ MERCY HOME HEALTH, INC.

Principal Place of Business	Mailing Address
~~% LEWIS W. FISHMAN~~ ~~9130 S DADELAND BLVD #1121~~ ~~MIAMI FL 33156~~	% LEWIS W. FISHMAN 9130 S DADELAND BLVD #1121 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 3006 Aviation Avenue	2a. Mailing Address 26
Suite, Apt. #, etc. 22 4th Floor	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28
Zip / Country 24 33133 / 25 U.S.	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 01/28/1985
3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0196005 ☐ Applied For ☐ Not Applicable
5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FISHMAN, LEWIS W.
9130 S DADELAND BLVD #1121
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSASCO, EDWARD J., JR.	1.2 NAME	
STREET ADDRESS	3663 SOUTH MIAMI AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MASHBURN, JERRY	2.2 NAME	
STREET ADDRESS	3663 SOUTH MIAMI AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	~~C~~	3.1 TITLE	Director ☒ Change ☐ Addition
NAME	~~ZIMORSKI, MARY CHRISTINE~~	3.2 NAME	Worley, Sr. Elizabeth Anne, SSJ
STREET ADDRESS	~~241 ST.GEORGE ST.~~	3.3 STREET ADDRESS	3663 South Miami Avenue
CITY-ST-ZIP	~~ST. AUGUSTINE FL~~	3.4 CITY-ST-ZIP	Miami, FL 33133
TITLE		4.1 TITLE	Director ☐ Change ☒ Addition
NAME		4.2 NAME	Ramirez, Otto
STREET ADDRESS		4.3 STREET ADDRESS	3663 South Miami Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33133
TITLE		5.1 TITLE	Director ☐ Change ☒ Addition
NAME		5.2 NAME	Rose, Michael
STREET ADDRESS		5.3 STREET ADDRESS	3663 South Miami Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33133
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Otto Ramirez 01/25/95 (305) 285-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0167306 CP