FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 6:59

DOCUMENT # K60228 (9)

1. Corporation Name
MEDICAL HOME CARE PROGRAM, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 1940~~ ~~MIAMI FL 33144-1940~~ 4944 LEJEUNE RD CORAL GABLES, FL 33146	P.O. BOX 1940 MIAMI FL 33144-1940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/24/1989	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **59-2933519** ☐ 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	10. Name and Address of New Registered Agent
MEDELL, PHILIPPE L. **922 WALLACE ST.** **MIAMI FL 33130**	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MEDELL, ROBERT 922 WALLACE ST. CORAL GABLES FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GARCIA, E. K. 15611 SW 62 ST. MIAMI FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MEDELL, PHILIPPE 922 WALLACE ST. CORAL GABLES FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SECRETARY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] ROBERT MEDELL 3/30/95 (305) 669-0130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040701 FF