

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

REGISTRATION
TALLAHASSEE, FLORIDA

1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

APPROVED
AND
FILED

MAY -1 AM 11:52

DOCUMENT # L77816

(1)

MILAN HOME HEALTH SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5600 S.W. 135TH AVE. #204
MIAMI FL 33183

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MIAMI FL 33183

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3. Date of Registration	3a. Date of Filing
06/01/1990	05/01/1994
4. Filing Number	Approved For
65-0208349	For Application
5. Certificate of Incorporation	☒ \$8.75 Additional Fee Required
6. Certificate of Incorporation	☐ \$5.00 May Be Added to Fees
7. Certificate of Incorporation	☐
8. Other Corporation Registered by the Secretary of State	☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, HENRY
15444 S.W. 50TH TERRACE
MIAMI FL 33185

81	Name
82	Address
83	
84	FL
85	

11. I, the undersigned, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am a duly qualified person to act as a registered agent for the purposes of this act, and that I am a resident of the State of Florida, and that I am a duly qualified person to act as a registered agent for the purposes of this act.

12	13
DPS	
GARCIA, HENRY	
15444 S.W. 50TH TERRACE	
MIAMI FL 33185	
DVT	
GARCIA, AIDA E	
15444 S.W. 50TH TERRACE	
MIAMI FL 33185	

14. I, the undersigned, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am a duly qualified person to act as a registered agent for the purposes of this act, and that I am a resident of the State of Florida, and that I am a duly qualified person to act as a registered agent for the purposes of this act.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPE OF THE PRINTED NAME OF SIGNATURE OFFICER IN THE ORDER BOOK

[Handwritten Signature]

(303) 53-4333