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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # L77816 (1)

1. Corporation Name
MILAN HOME HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
~~13200 S.W. 128 ST #E-1~~	~~13200 S.W. 128 St #E-1~~
~~MIAMI FL 33186~~	~~MIAMI FL 33186~~

3. Date Incorporated or Qualified: 6/1/90
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0208349	☐ Applied For ☐ Not Applicable
21: 5001 SW 74 Court	26: 5001 SW 74 Ct		
Suite, Apt. #, etc. 22: 108	Suite, Apt. #, etc. 27: 108	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23: Miami FL	City & State 28: Miami FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24: 33155 Country 25: USA	Zip 29: 33155 Country 30: USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

HENRY GARCIA
15444 S.W. 50th TERR
MIAMI FL 33185

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 _____ (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	D/S/T ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HENRY GARCIA	1.2 NAME	
STREET ADDRESS	15444 S.W. 50th TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33185~~	1.4 CITY-ST-ZIP	
TITLE	D/V/T ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	AIDA GARCIA	2.2 NAME	
STREET ADDRESS	15444 S.W. 50th TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33185~~	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	

5/13/97

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14. I do 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.

SIGNATURE: X _____ 4/29/97 305-553-4323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #