

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L90543** (4)

1. Corporation Name  
**SUPERIOR HOME CARE SERVICES, INC.**



Principal Place of Business <b>13903 N.W. 67 AVENUE (old) SUITE 320 MIAMI LAKES FL 33014 US</b>	Mailing Address <b>13903 NW 67TH AVENUE (old) SUITE 320 MIAMI LAKES FL 33014-2838 US</b>
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3. Date Incorporated or Qualified <b>08/02/1990</b>	3a. Date of Last Report <b>03/19/1996</b>
4. FEI Number <b>65-0208900</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>5901 N.W. 151st.</b>	2a. Mailing Address <b>SAME</b>
21. Suite, Apt. #, etc. <b>203</b>	26. Suite, Apt. #, etc.
22. City & State <b>MIAMI LAKES FL</b>	27. City & State
23. Zip <b>33014</b>	28. Zip
24. Country <b>U.S.</b>	29. Country

9. Name and Address of Current Registered Agent <b>HERNANDEZ, HORTENSIA 980 SW 177 WAY #208 PEMBROKE PINES FL 33029</b>		10. Name and Address of New Registered Agent 81. Name <b>HORTENSIA HERNANDEZ</b> <i>same</i> 82. Street Address (P.O. Box Number is Not Acceptable) <b>980 SW 177 WAY</b> 83. <b>PEMBROKE PINES, FLORIDA</b> 84. City <b>FL</b> 85. Zip Code <b>33029</b>	
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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 *Hortensia Hernandez* (Hortensia Hernandez (Administrator)) DATE **4-18-97**  
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 <b>DPS</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>The SAME (NO CHANGES)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HORTENSIA, HERNADEZ</b>		1.2 NAME	
STREET ADDRESS <b>980 SW 177 WAY</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>PEMBROKE PINES FL</b>		1.4 CITY - ST - ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>The SAME (NO CHANGES)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HERNANDEZ, HORTENSIA</b>		2.2 NAME	
STREET ADDRESS <b>17878 N. BAY ROAD, #208</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI BEACH FL</b>		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Hortensia Hernandez* **4-18-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)