SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 28 AM 9:23

DOCUMENT # **M00333** **(8)**

1. Corporation Name
HOME HEALTH AGENCY OF GREATER MIAMI, INC.

Principal Place of Business	Mailing Address
8405 N.W. 53RD ST.,A200 MIAMI FL 33166	8405 N.W. 53RD ST.,A200 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/09/1984	05/01/1994

2. Principal Place of Business 21	2a. Mailing Address 26 1200 So. Pine Island Road	4. FEI Number 59-2485762	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 600	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Ft. Lauderdale, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 33324 / 30 U.S.A.	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
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	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, OR DELETIONS AND/OR CHANGES TO ADDRESS	
TITLE	PT	11 TITLE	DP ☒ Change ☐ Addition
NAME	SHOOR, BETTE	12 NAME	Martin Arostegui, M.D.
STREET ADDRESS	8405 N.W. 53RD ST.,A200	13 STREET ADDRESS	1200 So. Pine Island Road, Suite 600
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Ft. Lauderdale, FL 33324
TITLE	VS	21 TITLE	DV ☒ Change ☐ Addition
NAME	FARBER, NANCY	22 NAME	J. Clifford Findeiss, M.D.
STREET ADDRESS	8585 SHADOW WOOD BLVD.	23 STREET ADDRESS	1200 So. Pine Island Road, Suite 600
CITY-ST-ZIP	CORAL SPRINGS FL	24 CITY-ST-ZIP	Ft. Lauderdale, FL 33324
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	SHOOR, BARRY	32 NAME	DVS George W. McCleary, Jr.
STREET ADDRESS	12705 SW 71ST AVE	33 STREET ADDRESS	1200 So. Pine Island Road, Suite 600
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Ft. Lauderdale, FL 33324
TITLE		41 TITLE	T ☒ Change ☐ Addition
NAME		42 NAME	Mary Ann Blanford
STREET ADDRESS		43 STREET ADDRESS	1200 So. Pine Island Road, Suite 600
CITY-ST-ZIP		44 CITY-ST-ZIP	Ft. Lauderdale, FL 33324
TITLE		51 TITLE	Ass't. S ☐ Change ☒ Addition
NAME		52 NAME	Daniel I. Small
STREET ADDRESS		53 STREET ADDRESS	1200 So. Pine Island Road, Suite 600
CITY-ST-ZIP		54 CITY-ST-ZIP	Ft. Lauderdale, FL 33324
TITLE		61 TITLE	Ass't. S ☐ Change ☒ Addition
NAME		62 NAME	Neesa K. Warlen
STREET ADDRESS		63 STREET ADDRESS	1200 So. Pine Island Road, Suite 600
CITY-ST-ZIP		64 CITY-ST-ZIP	Ft. Lauderdale, FL 33324

CR2E034 (3/95)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000003 CP