

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 08 1996 8:00 am  
Secretary of State

DOCUMENT # M00333 (8)

1. Corporation Name

HOME HEALTH AGENCY OF GREATER MIAMI, INC.

Principal Place of Business

8405 N.W. 53RD ST., A200  
MIAMI FL 33166

Mailing Address

1200 SO. PINE ISLAND ROAD  
SUITE 600  
ST. LAUDERDALE FL 33324  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

3. Date Incorporated or Qualified

05/09/1984

3a. Date of Last Report

06/28/1995

4. FEI Number

59-2485762

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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 ☐

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

83

Suite 250

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required with first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME AROSTEGUI, MARTIN M.D.  
STREET ADDRESS 1200 SO. PINE ISLAND ROAD, SUITE 600  
CITY-STATE-ZIP FT. LAUDERDALE FL

TITLE DV  
NAME FINDEISS, CLIFFORD J. M  
STREET ADDRESS 1200 SO. PINE ISLAND ROAD, SUITE 600  
CITY-STATE-ZIP FT. LAUDERDALE FL

TITLE DVS  
NAME MCCLEARY, GEORGE W. J  
STREET ADDRESS 1200 SO. PINE ISLAND ROAD, SUITE 600  
CITY-STATE-ZIP FT. LAUDERDALE FL

TITLE T  
NAME BLANFORD, MARY A.  
STREET ADDRESS 1200 SO. PINE ISLAND ROAD, SUITE 600  
CITY-STATE-ZIP FT. LAUDERDALE FL

TITLE AS  
NAME SMALL, DANIEL L.  
STREET ADDRESS 1200 SO. PINE ISLAND ROAD, SUITE 600  
CITY-STATE-ZIP FT. LAUDERDALE FL

TITLE AS  
NAME WARLEN, NEESA K.  
STREET ADDRESS 1200 SO. PINE ISLAND ROAD, SUITE 600  
CITY-STATE-ZIP FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE P/D ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE V/D ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE S ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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)(k), 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:

Mary Ann Blanford 3/20/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)475-1300

Daytime Phone #

CR2E034 (12/95)