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Feb 18 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 # 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 800  
ST. LAUDERDALE FL 33324-4480  
US

3. Date Incorporated or Qualified  
05/09/1984

3a. Date of Last Report  
04/08/1996

4. FEI Number  
59-2485762

5. Certificate of Status Desired ☒ \$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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
SUITE 250  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	DELETE
NAME	AROSTEGUI, MARTIN M.D.	
STREET ADDRESS	1200 SO. PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PD	DELETE
NAME	FINDEISS, CLIFFORD J. M	
STREET ADDRESS	1200 SO. PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	DELETE
NAME	MCCLEARY, GEORGE W. J	
STREET ADDRESS	1200 SO. PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	DELETE
NAME	BLANFORD, MARY ANN	
STREET ADDRESS	1200 SO. PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	DELETE
NAME	PECK, DAVID C	
STREET ADDRESS	1200 S PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	AS	DELETE
NAME	WARLEN, NEESA K.	
STREET ADDRESS	1200 SO. PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	Change	Addition
1.2 NAME	Prado, Marta		
1.3 STREET ADDRESS	1200 S. Pine Island Road, Suite 600		
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	AS	Change	Addition
6.2 NAME	Pobgee, Tom		
6.3 STREET ADDRESS	1200 S. Pine Island Road, Suite 600		
6.4 CITY-ST-ZIP	Ft. Lauderdale, FL		

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: Mary Ann Blanford 2/3/97 (954) 475-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)