

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR -1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0522287

1

DOCUMENT # M00333

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

3000 GALLERIA TOWER, STE 1000
BIRMINGHAM AL 35244
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

25

Zip

Country

30

3. Date Incorporated or Qualified

05/09/1984

4. FEI Number

59-2485762

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☒ DELETE

NAME PRADO, MARTA
STREET ADDRESS 1200 SO PINE ISLAND ROAD STE 600
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE CEOP ☒ DELETE

NAME MCCALL, MAC E
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

TITLE D ☒ DELETE

NAME MCCALL, MAC E
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

TITLE VTD ☒ DELETE

NAME KNIGHT, HAROLD O JR
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

TITLE VSD ☒ DELETE

NAME THRASHER, TRACY P
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

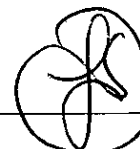
☐ Addition

☐ Change

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14. I 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, with all other like empowered.

SIGNATURE:

Leisa Kizer

Leisa Kizer

3/31/99

Date

205-733-8996

Daytime Phone #

CR2E034 (11/98)

2



ACCOUNT NO. : 072100000032

REFERENCE : 190835 4390339

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 150.00

ORDER DATE : April 1, 1999

ORDER TIME : 3:41 PM

ORDER NO. : 190835-015

CUSTOMER NO: 4390339

CUSTOMER: Ms. Danielle Bayer
Medpartners, Inc.
3000 Galleria Tower
Suite 1000
Birmingham, AL 35244

RECEIVED
99 APR -1 PM 4:43
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: HOME HEALTH AGENCY OF
GREATER MIAMI, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: James Guy

EXAMINER'S INITIALS: _____