

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 12:45

DOCUMENT # M32060 (9)

1. Corporation Name

SOUTH FLORIDA HOME HEALTH ASSOCIATES, INC.

Principal Place of Business

18425 NW 2ND AVE
STE. 355
MIAMI FL 33169
US

Mailing Address

18425 NW 2ND AVE
STE. 355
MIAMI FL 33169
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/14/1986

3a. Date of Last Report

02/08/1994

4. FEI Number

59-2682564

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SMITH, WILMA D
18425 NW 2ND AVE, STE. 355
MIAMI FL 33169

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

STD

NAME

SMITH, JACK

STREET ADDRESS

4501 43RD AVENUE

CITY-ST-ZIP

FORT LAUDERDALE FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

PD

NAME

SMITH, WILMA

STREET ADDRESS

4501 S. WEST 43RD AVE.

CITY-ST-ZIP

FT. LAUDERDALE FL

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

D

NAME

SEGALL, PETER DR.

STREET ADDRESS

400 ARTHUR GODFREY RD.

CITY-ST-ZIP

MIAMI BEACH FL

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

D

NAME

PEARL, FRANK DR.

STREET ADDRESS

2500 E HALLANDALE BCH BL

CITY-ST-ZIP

HALLANDALE FL

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

D

NAME

SHENKER, DR. CHARLES

STREET ADDRESS

1550 NORTH EAST MIAMI GARDENS DR.

CITY-ST-ZIP

NORTH MIAMI BEACH FL 33179

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 110.07(3)(b), 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 at the top of, or on an attachment with an address.

SIGNATURE:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/95 (305) 652-3311