# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 30 PM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N05233

1. Corporation Name

**VISITING NURSE HOME HEALTH CARE, INC.**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 3900 N.W. 79th Ave.<br>Suite 320<br>Miami, FL 33166 | 3900 N.W. 79th Ave.<br>Suite 320<br>Miami, FL 33166 |

3. Date Incorporated or Qualified: **09/19/84**

3a. Date of Last Report: **02/03/94**

4. FEI Number: **59-2466132** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) Country (25) / Zip (29) Country (30)

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

**FUENTES, GUS, JR.**
**3900 N.W.79th AVENUE, SUITE 320**
**MIAMI, FL 33199**

**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 Section~~s 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 _____ 3/21/95

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 | C/D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | MANUEL J. RODRIGUEZ | 12 NAME | |
| STREET ADDRESS | 400/S.W. 2nd AVENUE, 2nd FL. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33130 | 14 CITY-ST-ZIP | |
| TITLE | V/D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | THELMA GIBSON | 22 NAME | |
| STREET ADDRESS | 3661 FRANKLIN AVENUE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | COCONUT GROVE, FL 33133 | 24 CITY-ST-ZIP | |
| TITLE | T/D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | SERGIO LOPEZ | 32 NAME | |
| STREET ADDRESS | G.V. TRANSCRIPTIONS-7385 SW 87 AVE. | 33 STREET ADDRESS | |
| CITY ST ZIP | MIAMI, FL 33173 | 34 CITY-ST-ZIP | |
| TITLE | S/D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | MARCIA BATTISTE | 42 NAME | |
| STREET ADDRESS | 12295 S.W. 129 COURT | 43 STREET ADDRESS | |
| CITY ST ZIP | MIAMI, FL 33186 | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | JAMES J. HUTSON, M.D. | 52 NAME | |
| STREET ADDRESS | 1650 N.W. 9th STREET | 53 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33125 | 54 CITY-ST-ZIP | |
| TITLE | D | 61 TITLE | ☐ Change ☐ Addition |
| NAME | LILA E. CRUZ | 62 NAME | |
| STREET ADDRESS | 6020 WEST 14 COURT | 63 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH, FL 33012 | 64 CITY-ST-ZIP | |

D/S 3/30/95

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ **3/21/95** **477-7676**

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