FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N05233 (4)

1. Corporation Name
VISITING NURSE HOME HEALTH CARE, INC.

Principal Place of Business
3900 N.W. 79TH AVE.
SUITE 320
MIAMI FL 33166

Mailing Address
3900 N.W. 79TH AVE.
SUITE 320
MIAMI FL 33166

3. Date Incorporated or Qualified: 09/19/1984
3a. Date of Last Report: 03/30/1995

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)

4. FEI Number: 59-2466132 — 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
FUENTES, GUS, JR.
3900 N.W. 79TH AVE.
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 Sections 617.0502 and 617.1508, 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 617.0503, 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	~~CD~~ ☒ DELETE	11 TITLE	CD ☒ Change ☐ Addition
NAME	~~RODRIGUEZ, MANUEL J.~~	12 NAME	JAMES J. HUTSON, M.D.
STREET ADDRESS	~~400 S.W. 2ND AVE., 2ND FLOOR~~	13 STREET ADDRESS	1650 N.W. 9TH STREET
CITY-ST-ZIP	~~MIAMI FL 33130~~	14 CITY-ST-ZIP	MIAMI, FL 33125
TITLE	VD ☐ DELETE	21 TITLE	VD ☒ Change ☐ Addition
NAME	GIBSON, THEMA L	22 NAME	THELMA GIBSON
STREET ADDRESS	3661 FRANKLIN AVE.	23 STREET ADDRESS	3661 FRANKLIN AVENUE
CITY-ST-ZIP	COCONUT GROVE FL 33133	24 CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	~~TD~~ ☒ DELETE	31 TITLE	T/S/D ☐ Change ☒ Addition
NAME	~~LOPEZ, SERGIO~~	32 NAME	ALAN K. ROBERTS, M.D.
STREET ADDRESS	~~G.V. TRANSCRIPTIONS 7385 SW 87 AVE.~~	33 STREET ADDRESS	SUNSHINE MED. CTR. 6341 SUNSET DR.
CITY-ST-ZIP	~~MIAMI FL 33173~~	34 CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D ☐ DELETE	41 TITLE	D ☐ Change ☒ Addition
NAME	HUTSON, JAMES M.D.	42 NAME	ANA R. CRAFT, ESQ.
STREET ADDRESS	1650 N.W. 9TH STEET	43 STREET ADDRESS	13701 N. KENDALL DR., STE. 303
CITY-ST-ZIP	MIAMI FL 33125	44 CITY-ST-ZIP	MIAMI, FL 33186
TITLE	~~D~~ ☒ DELETE	51 TITLE	D ☐ Change ☒ Addition
NAME	~~CRUZ, LILA~~	52 NAME	MANUEL E. MACHADO
STREET ADDRESS	~~6020 WEST 14 COURT~~	53 STREET ADDRESS	THE MEKA GROUP, 848 BRICKELL AVE.
CITY-ST-ZIP	~~HIALEAH FL 33012~~	54 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D ☐ DELETE	61 TITLE	D ☐ Change ☒ Addition
NAME	GIBSON, THELMA	62 NAME	ONELIO CEJAS
STREET ADDRESS	3661 FRANKLIN AVE.	63 STREET ADDRESS	CAPITAL BANK, 1975 W 76 STRET
CITY-ST-ZIP	COCONUT GROVE FL 33133	64 CITY-ST-ZIP	HIALEAH, FL 33014

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

SIGNATURE: _____ 1/25/96 477-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gus Fuentes, Jr., President & CEO

CR2E037 (12/95)