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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	Mailing Address
3900 N.W. 79TH AVE. SUITE 320 MIAMI FL 33166	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

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

CR2E037 (12/95)

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)(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