

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jan 22, 1999 8:00 am
Secretary of State

01-22-1999 90076 027 ****61.25

DOCUMENT # **N98000000364**

1. Corporation Name

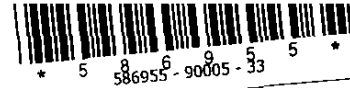
UNITED HOME HEALTH CARE, INC.

Principal Place of Business

5255 N.W. 87TH AVENUE
SUITE 400
MIAMI FL 33166

Mailing Address

5255 N.W. 87TH AVENUE
SUITE 400
MIAMI FL 33166



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/22/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1523943

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOX, JOSE R
5255 N.W. 87TH AVENUE
SUITE 400
MIAMI FL 33166

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
NAME
STREET ADDRESS
CITY-ST-ZIP
FERNANDEZ-GUZMAN, CARLOS
230 Westward Drive
Miami Springs, FL 33166 CD ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FOX, JOSE R.
5255 N.W. 87 Avenue, #400
Miami, FL 33178 PD ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PLANA, NESTOR
2511 Ponce de Leon Blvd., 5th Floor
Coral Gables, FL 33134 SD ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BAIRD, JULIE
14750 N.W. 77 Court
Miami Lakes, FL 33016 TD ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 617, 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:

SIGNATURE REQUIRED

6/30/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #