

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90015 035 ****61.25

DOCUMENT # N98000000364

1. Entity 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**

54016566



02182004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1150664

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GRAY, BARBARA 100 S BISCAYNE BLVD #1500 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOX, JOSE R 5255 NW 87 AVENUE #400 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PLANA, NESTOR 2511 PONCE DE LEON BLVD, 5TH FLOOR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAIRD, JULIE 14750 NW 77 COURT MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLETCHER, JOHN 5300 FIRST UNION 200 BISCAYNE BLVD MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/04