

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

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



**DO NOT WRITE IN THIS SPACE**

03242005 No Chg-NP

CR2E037 (10/03)

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

4/22/05

**Filing Fee is \$61.25  
Due by May 1, 2005**

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)(f), 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 #

4/22/05