2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State
05-25-2001 90294 023 ***150.00

DOCUMENT # P00000051814

1. Entity Name
PCA Home Health Care INC.

Principal Place of Business	Mailing Address
5323 West 20 Avenue Hialeah FL 33012	5323 West 20 Avenue Hialeah FL 33012

00070460

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5323 West 20 Avenue	5323 West 20 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. Hialeah FL 33012
City & State: Hialeah FL	City & State: Hialeah
Zip: 33012 Country: FLORIDA	Zip: 33012 Country: FLORIDA

4. FEI Number 65-1009116 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE (X) Gilda Gonzalez DATE 5/21/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
Gilda Gonzalez PRESIDENT 18057 S.W. 12 Ct Pembroke Pine FL 33029	☐ Delete
Coralia Perez VICE-PRESIDENT TWO SW 19 STREET Miami FL. 33155	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (X) Gilda Gonzalez 5/21/01 (305) 364-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #