FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:27

DOCUMENT # **P92000002773 (9)**

1. Corporation Name
THIRD AGE HEALTH CARE INC.

Principal Place of Business	Mailing Address
9010 SW 137 AVE. SUITE 208 MIAMI FL 33186	9010 SW 137 AVE. SUITE 208 MIAMI FL 33186

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/30/1992
3a. Date of Last Report: 10/19/1994

2. Principal Place of Business
21 14748 SW 56 ST #102
22 Suite, Apt. #, etc. SUITE #102
23 City & State MIAMI FL
24 Zip 33185 25 Country USA

2a. Mailing Address
26 14748 SW 56 ST
27 Suite, Apt. #, etc. SUITE #102
28 City & State
29 Zip 33185 30 Country USA

4. FEI Number 65-0370227 ☐ 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

BOLANOS, HERNANDO
9010 SW 137 AVE. SUITE 208
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name BOLANOS HERNANDO
82 Street Address (P.O. Box Number is Not Acceptable) 14748 SW 56 ST #102
83 SUITE #102
84 City MIAMI FL 85 Zip Code 33185

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] HERNANDO BOLANOS 01-30-95
(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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSELLO, FRANK	1.2 NAME	
STREET ADDRESS	15301 SW 106 LN #1021	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	1.4 CITY-ST-ZIP	
TITLE	M	2.1 TITLE	H ☒ Change ☐ Addition
NAME	MUNOZ, FERNANDO	2.2 NAME	CHARLIE ROJAS
STREET ADDRESS	9010 SW 137 AVE #208	2.3 STREET ADDRESS	6000 SW 8 ST #Y-123
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	MIAMI FL 33144
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: [signature] FRANK ROSELLO 01-30-95 388-8176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0204167 CP