## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000011139 (1)

HOME CARE REHABILITATION, INC.

## **FILED** May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									
						( )	11661 11601	11000	1118 (8)1 1881
8665 N.W. 6 LANE 8665 N.W. 6 LANE									
SUITE 105 MIAMI FL 3	2128	SUITE 105 MIAMI FL 33126				DO NOT WRITE IN THIS SPACE			
MICHIE FL 3	3120	MIRMI FL 33120				3. Date Incorporated or Qualified			
i						02/11/1993			
2. Principal P	lace of Business	2a. Mailing Address			<del></del>	4. FEI Number		Apr	plied For
21 F/OM	e Itealth	26 above				65-0391131	L Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional
22		27				Fee Required			
City & State	0	Oity & State				6. Election Campaign Financing			
23 Zip	Country	Zip Country				Trust Fund Contribution Added to Fees			
24	25	29	30	пиу		<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current yea		ingible No
[24]	9, Name and Address of Curren		[30]			10. Name and Address of New Register			1110
G	ALLEGO, CLAUDIA			81	Name				
	665 N.W. 6 LANE, SUITE 105			02	Ct. at Ada	Proce (D.O. Day Nigobay is Nat Assautable)			
	IIAMI FL 33126			82	aneer Add	Address (P.O. Box Number is Not Acceptable)			
				83					
				84	City		85	Zip C	ode
11. Pursuant I	to the provisions of Sections 607,050	2 and 607.1508. Florida Sta	atutes, the at	DOV0	e-named cor			ing its	registered
office or re	egistered agent, or both, in the State m (amilia: Will) and accept the obligi	of Florida. Such change wa Wins of, Section 607.0505.	as authorized . Florida Stat	d by utes	the corpora 3.	poration submits this statement for the purposition's board of directors. I hereby accept the	appointmer	nt as r	egistered
SIGNATURE	Marka Hall	4				4/3	28 191	۴	
BIGITATIONE			NOTE: Registered	d Age	rd signature requ	ired when reinstating) DAT	-//-		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	CALLEGO CLAUDIA	☐ DELETE		1.1 TITLE			L Cha	nge	Addition
NAME	GALLEGO, CLAUDIA 8665 N.W. 6 LANE, SUITE 1	INE	1.2 NA						
STREET ADDRESS	MIAMI FL 33126	L L		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP					
CITY-ST-ZIP TITLE					T- ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Cha		Addition
NAME		_ been	- 6	2.1 TITLE 2.2 NAME		•		Be	C Vagarian
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			2.40						1
TITLE		DELETE	31 TII		21 21		Cha	inge	Addition
NAME		_	3 2 NAN					-	
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP			3.4. CI	ITY-S	ST - ZIP				
TITLE		DELETE	4.1 TI		· •		Cha	inge	Addition
NAME			4. 2 N	AME					Ì
STREET ADDRESS			4.3 ST	REET	ADDRESS				ľ
CITY-ST-ZIP			4.4 CI	TY - S1	1-2IP				
TITLE		DELETE	5.1 111	TLE			Cha	nge	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5381	REET	ADDRESS				ļ
CITY-ST-ZIP			5 4 CF		T- ZIP				
TITLE		☐ DEL <b>e</b> te	6170				Cha	пде	☐ Addition
NAME			62 NA	ME					
STREET ADDRESS			6 3 ST	HEET	ADDRESS				
CITY-ST-ZIP			6.4 CI	TY-S	T-ZIP				

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 of the receiver or trustor empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 and attachment with an addition.

Claudia ballego 4/28/St 305 267-0319