

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jun 20 1996 8:00 am  
Secretary of State

DOCUMENT # P93000022548 (0)

1. Corporation Name

YALYN HOME HEALTH, INC.



Principal Place of Business

Mailing Address

1840 WEST 49TH ST.  
SUITE 222-02  
HIALEAH FL 33012

1840 WEST 49TH ST.  
SUITE 222-02  
HIALEAH FL 33012

3. Date Incorporated or Qualified  
03/25/1993

3a. Date of Last Report  
05/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number

65-0398364

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. 193.032  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACHADO, JUAN J  
265 E. OKEECHOBEE ROAD  
HIALEAH FL 33010

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 agree to, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director of the corporation or registered agent and fee if applicable

(NOTE: Registered Agent's signature required when not on file)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
MACHADO, NOHEMI  
STREET ADDRESS 265 E. OKEECHOBEE RD.  
CITY- ST- ZIP HIALEAH FL 33010

TITLE ☐ DELETE

NAME VD  
MACHADO, JUAN J  
STREET ADDRESS 265 E. OKEECHOBEE RD.  
CITY- ST- ZIP HIALEAH FL 33010

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/96

827-7997

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