FILE NOW: FILING FEE AFTER MAY 1 IS $2 .00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mor
Secretary of S
DIVISION OF CORPO ONS

DOCUMENT # **P93000036467 (7)**

1. Corporation Name

STAT HOME HEALTH CARE., INC.

Principal Place of Business	Mailing Address
931 S.W. 122ND AVE. MIAMI FL 33184-2406	931 S.W. 122ND AVE. MIAMI FL 33184-2406

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Co 30

3. Date Incorporated or Qualified	3a. Date of Last Report
05/20/1993	04/13/1995

4. FEI Number: 65-0454582 ☐ 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

MORALES, TERESITA C
255 N.W. 128TH AVE.
MIAMI FL 33182-1123

10. Name and Address of New Registered Agent

31 Name

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

33

34 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the [illegible] 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 [illegible] 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: Teresita Morales 1-25-96
(Signature of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PS	☐ DELETE
NAME	MORALES, TERESITA C	
STREET ADDRESS	255 NW 128TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	☐ DELETE
NAME	MORALES, DIWALDO R	
STREET ADDRESS	9779 SW 147 PLACE	
CITY-ST-ZIP	MIAMI FL	
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		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☑ Change ☐ Addition
NAME	MORALES DIWALDO R.
STREET ADDRESS	255 N.W. 128 AVE
CITY-ST-ZIP	MIAMI, FL. 33182
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furn[illegible] 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diwaldo R. Morales 01-25-96 (305) 227-7828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)