

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000052164 (9)

1. Corporation Name

ST. MARY HOME HEALTH CARE, CORP.



Principal Place of Business

9745 S.W. 72ND ST.
SUITE 220
MIAMI FL 33173

Mailing Address

9745 S.W. 72ND ST.
SUITE 220
MIAMI FL 33173

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22 **#101**

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**RODRIGUEZ, MARISELA
10162 S.W. 143 PLACE
MIAMI FL 33186**

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resiling)

DATE

CR2E034 (12/95)

| 12. OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------|--------------------|---|--|
| TITLE | NAME | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STREET ADDRESS | 1.2 NAME | | |
| STREET ADDRESS | CITY-ST-ZIP | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | | |
| TITLE | NAME | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STREET ADDRESS | 2.2 NAME | | |
| STREET ADDRESS | CITY-ST-ZIP | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | | |
| TITLE | NAME | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STREET ADDRESS | 3.2 NAME | | |
| STREET ADDRESS | CITY-ST-ZIP | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | | |
| TITLE | NAME | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STREET ADDRESS | 4.2 NAME | | |
| STREET ADDRESS | CITY-ST-ZIP | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | NAME | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STREET ADDRESS | 5.2 NAME | | |
| STREET ADDRESS | CITY-ST-ZIP | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | NAME | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STREET ADDRESS | 6.2 NAME | | |
| STREET ADDRESS | CITY-ST-ZIP | 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marise Rodriguez 4/16/96 (305)596-6353

Q16

Daytime Phone #