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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthant

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000055245 (3)

R.N. HOME HEALTH SERVICES, INC.

FILED Apr 14 1997 8:00am Secretary of State



Principal Flace of Business Mailing Address 536 N.W. 25TH AVE. MIAMI FL 33125 MIAMI FL 33125-4442				3. Date Incorporated or Qualified 3a. Date of Last Report			
				i	08/06/1993	02/05/1996	.,
		26. Mailing Addre	Mailing Address		4. FEI Number	h	plied For
21 KN HO	me Health Jervy	/1 (26 Suile, Apt. #, e	ntc.		65-0427319	60.75	t Applicable
2 755 Y	500 122 ave	27			5. Certificate of Status Desired	Fee Re	
City & State Miani Fla >		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Z _(j)	Country	Zip	Country		8. This corporation has liability for		199.032,
24 3 3 189			30			Yes No	
AIANA	9, Name and Address of Currer	nt Registered Agent	81	Nama /	10. Name and Address of New Re	gistereo Agent	
	rro, rebekah I.w. 25th ave.	•		Relle	·• · · · · · · · · · · · · · · · · · ·		
	FL 33125		82	Street Address	ss (P.O. Box Number is Not Acceptat	ole)	
~	7		63				
			84	City		85 Zip (nde.
					ration submits this statement for the p	FL	
SIGNATURE	Fam har with, and accept the oblig		505, Florida Statutes. (NOTE Registered Agen		when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	S IN 12
1016	D	DEL			ADDITIONS/OFFAITALE TO OFFIC	Change	Addition
	NAVARRO, REBEKAH		1.2 NAME	1			
40.00	536 N.W. 25TH AVE.		1.3 STREET /	ADDRESS			
	MIAMI FL 33125	LIPE	1.4 CITY - ST	- ZIP		[] (5	T. CARRIER
Title	(DELETE		ETE 21 TITLE 22 NAME			L Change	Addition
NAME STREET ADDRESS			2.3 STREET /	ADDRESS			
091Y S1-7-P			2.4 CITY - S	J			
1003	The second secon	DEL.				☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADORESS			33 STREET	}			
CITY-SI-ZP	The second section of the sect	DEL	3.4. City-Si ETE 4.1 Tiyle	1.41		Change	Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREET A	ADDRESS			
COTY - \$1 - 200	· · · · · · · · · · · · · · · · · · ·		4.4 CITY-ST	- ZIP			
TOLE		☐ DEL			<i>() (</i>	☐ Change	Addition
			5.2 NAME	ı	TC/V	y m i	
NAME CLANDOLOGICAL			CO NYDEET	ADDOLCC	V 1	3~1	
STREET ADDRESS			5.3 ŞTREET A	l l	KD	dall	
ì	anning the Company of	DEL	5.4 City-St	l l	الله الاجماد الله		Addition
STREET AUDRESS CITY - ST. 749		☐ DEL	5.4 City-St	l l	30000214 -04/15/97010	30 Pange 09011	Addition
STREET AUDRESS OFY - ST. Zin	an english terminakan terminak sama an english terminak sama an english terminak sama an english sama an english	□ DEL	5.4 City-ST ETE 6.1 TITLE	-ZiP	30000214 -04/15/97010 ***165.00	30 Pange 09011	Addition

I do 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 and cated 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 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 Bloc

SIGNATURE:

PED OR PRINTED CAME OF SIGNING OFFICER OR DIRECTOR