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

CORPORATION ANNUAL REPORT
**1995**

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

**APPROVED AND FILED**

**95 MAY -1 AM 9:21**

**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

DOCUMENT # **P93000055641 (3)**

1. Corporation Name
**M & D HOME HEALTH CARE, INC.**

**REMITTED BY MAY 1**
DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 1840 WEST 49 STREET<br>SUITE 222-1<br>HIALEAH FL 33012 | 1840 WEST 49 STREET<br>SUITE 222-1<br>HIALEAH FL 33012 |

3. Date Incorporated or Qualified: **08/09/1993**
3a. Date of Last Report: **02/18/1994**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1840 WEST 49 ST | 26 1840 WEST 49 ST. |
| Suite, Apt. #, etc<br>22 222-4 | Suite, Apt. #, etc<br>27 222-4 |
| City & State<br>23 HIALEAH, FL | City & State<br>28 HIALEAH, FL |
| Zip 24 33012 Country 25 DADE | Zip 29 33012 Country 30 DADE |

4. FEI Number: **65-0427642** ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| LOPEZ, MERCEDES<br>635 W 73RD PL<br>HIALEAH FL 33014 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
(Required when typed name of registered agent appears in block 10 above) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 11 TITLE | ☐ Change ☐ Addition |
| NAME | OLIVA, FELIPE | 12 NAME | |
| STREET ADDRESS | 635 W 73RD PL | 13 STREET ADDRESS | 000001450010 |
| CITY ST ZIP | HIALEAH FL | 14 CITY ST ZIP | -05/24/95--01042--015 |
| TITLE | DV | 21 TITLE | ☐ Change ☐ Addition |
| NAME | LOPEZ, MERCEDES | 22 NAME | ******8.75 ******8.75 |
| STREET ADDRESS | 635 W 73RD PL | 23 STREET ADDRESS | 000001450010 |
| CITY ST ZIP | HIALEAH FL | 24 CITY ST ZIP | -05/24/95--01042--016 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | ****200.00 ****200.00 |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | 5/1/95 ltr |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 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)(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 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 added to an attachment with an address.

**SIGNATURE:** FELIPE OLIVA - PRES. 5/15/95 (305) 822-8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081444 CP