

DOCUMENT # P93000055641

1. Entity Name

M & D HOME HEALTH CARE, INC.

Principal Place of Business

1840 WEST 49 STREET
SUITE 222-4
HIALEAH FL 33012

Mailing Address

1840 WEST 49 STREET
SUITE 222-4
HIALEAH FL 33012

2. Principal Place of Business

1840 w 49 st
Suite, Apt. #, etc.
suite 220-2

3. Mailing Address

1840W 49 ST
Suite, Apt. #, etc.
220-2

City & State

HIALEAH FL

City & State

HIALEAH FL

Zip

33012

Country

DADE

Zip

33012

Country

DADE

4. FEI Number

65-0427642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, MERCEDES
635 W 73RD PL
HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME OLIVA, FELIPE
STREET ADDRESS 635 W 73RD PL
CITY-ST-ZIP HIALEAH FL 33014

TITLE DV ☐ Delete
NAME LOPEZ, MERCEDES
STREET ADDRESS 635 W 73RD PL
CITY-ST-ZIP HIALEAH FL 33014

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I 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 indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90046 042 ***150.00



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)