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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000056494 (6)

MIDWEST HOME HEALTH SERVICES, INC.

Principal Place	e of Business	Mailing Address			AIRIN MIILA DIDIN ANILA DIDE ANGE	
455 FAIRWAY DR.		455 FAIRWAY DR.				
201		201		DO NOT WRITE IN THE	IQ CDACE	
DEERFIELD BEACH FL 33441 US		DEERFIELD BEACH FL 33441 US		3. Date Incorporated or Qualified	3 31 AOL	
00				08/11/1993		
2. Principal Pi	ace of Businges	1 2a. Mailing Address		4, FEI Number	Applied For	
2. Principal Place of Bysingse 21 SO FIRST Street South 26 350 FAIRWA			an br	65-0445100	Not Applicable	
Suite, Apt.		Suite, Apt #, etc.	1		\$8.75 Additional	
22 20/	<b>,</b>	27 / VO	·	5. Certificate of Status Desired	Fee Required	
City & State	la itura.	Sity & State	Real	6. Election Campaign Financing	\$5.00 May Be	
23 WIN	a Marien	28 DELPH FLD	beach	Trust Fund Contribution	Added to Fees	
<sup>23</sup> 7 2 S	Country (	一 ヴァレノノ	_ Country (	8. This corporation owes or has paid the d	<b></b>	
<u>24  550 C</u>	25 00		30] [4.	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New Registere	o Agent	
GUPIA, VIJAT K.						
455 FAIRWAY DR.,			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
	E. 201		83		<del></del>	
DE	ERFIELD BEACH FL 33441		[*]			
			84 City	F	85 Zip Code	
44 Durayant	to the provinces of Sections 607.060	2 and 607 1609. Elorida Statuto	s the above named as			
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.						
agent fai	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	rida Statules.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE	: Registered Agent signature req	ulred when reinstating DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DPS	DELETE	1.1 TITLE	D	Change Addition	
NAME	<b>GU</b> PTA, VIJAY K.		1.2 NAME	9		
STREET ADDRESS	455 FAIRWAY DR., #201		1.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CiTY-ST-ZiP			
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	••		
CITY-ST-ZIP			3.4. CITY+ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		Dructe	4.4 CITY - ST - ZIP		Change Addition	
TITLE		☐ DELETE	5.1 TIFLE		C Cliarige C Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition	
TITLE		La occur			En orango En riodition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
14. Lhereby c	ertify that the information supplied wi	ith this filing does not qualify for	f the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further	certify that the information	
indicated of officer or of	<b>on this a</b> nnual report or supplementa	I annual report is true and accurate or trustee empowered to e	arate and that my signat	ure shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and the	under oath; that I am an at my name appears in	