

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Lorena B. Maxwell
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 AM 8:54

DOCUMENT # **P93000072430 (0)**

1. Corporation Name
RUTH LOVING CARE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **7881 WEST 29TH WAY STE. 101 HIALEAH FL 33016**
Mailing Address: **7881 WEST 29TH WAY STE. 101 HIALEAH FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/12/1993**
3a. Date of Last Report: **07/08/1994**

2. Principal Place of Business: **21 4951 NW 198 St**
2a. Mailing Address: **26 4951 NW 198 St**

4. FCI Number: **65-0448462**
Applied For: Not Applicable

22. Suite, Apt. #, etc: **---**
27. Suite, Apt. #, etc: **---**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **23 Miami FL**
28. City & State: **28 Miami FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **33055** Country: **25 USA**
29. Zip: **33055** Country: **30 USA**

8. The corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CERA, RUTH
7881 WEST 29TH WAY
STE. 101
HIALEAH FL 33016**

10. Name and Address of New Registered Agent
81 Name: **CERA, Ruth**
82 Street Address (P.O. Box Number is Not Acceptable): **4951 NW 198 St**
83 _____
84 City: **Miami** FL 85 Zip Code: **33055**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as set in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0602, Florida Statutes.

SIGNATURE: *Ruth Cera* Director Date: **4-28-95**

12. OFFICERS AND DIRECTORS	
NAME	D CERA, RUTH
STREET ADDRESS	7881 WEST 29TH WAY STE. 101
CITY	HIALEAH FL 33016
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If "X" Change <input type="checkbox"/> Addition)	
NAME	D CERA, Ruth <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4951 NW 198 St
CITY	Miami, FL 33055
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that, not in lieu of the foregoing stated in Sections 607.0602 Florida Statutes, that I am duly qualified to act as the registered office or registered agent of the corporation 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 person or persons authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on any other form with an address.

SIGNATURE: *Ruth Cera* Director Date: **4-28-95** (335) **624-5447**