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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000082012 (4)

5 STAR HOME HEALTH SERVICES, INC.

Principal Place of Business 16499 NE 19 AVENUE SUITE 1103 NORTH MIAMI BEACH FL 33162 US		Mailing Address 16499 NE 19 AVENUE SUITE 103	A A A A A A A A A A A A A A A A A A A			
		NORTH MIAMI BEACH FL 33182-4105 US		3. Date Incorporated or Qualified		
·¬ '	lace of Business	2a. Mailing Address		4. FEI Number	(plied For
1	4	26 Cuite Act # etc		65-0452723		t Applicable
Suite, Apt 2		Suite, Apt. #, etc.	***************************************	5. Certificate of Status Desired	\$8.75 / Fee Re	
City & State	0	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip	Country	8. This corporation has liability for in		199.032,
<u> </u>	25]29]	30		Yes No	
	9. Name and Address of Cur	rent Hegistered Agent	81 Name	10. Name and Address of New Reg	Jistered Agent	
	SILLO, FRANK BRICKWELL AVENUE					
	TE 1118	*	82 Street Add	dress (P.O. Box Number is Not Acceptable	le)	
	MI FL 33131		B3	· · · · · · · · · · · · · · · · · · ·		
MIN	MI I C 00 10 I					
			84 City		FL 85 Zip (Code
	in familiar with, and accept the ob	ligations of Section 607.0505. F	torida Statutes.	ation's board of directors. I hereby accep		
agent Lai IGNATURE	Signature, typed or publicd name of registered		TE: Registered Agent signature requ	uired when reinslating)	DATE	
agent Lai	Signature, type-d or punted name of registered	agent and life if applicable [NO		uired when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	
agent Lai ilGNATURI 2.	Stynolars, typed or pasted name of registered OFFICERS A	agent and lite if applicable (NO	ITE: Registered Agent signature requ			
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SIGNATURE:

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May 12 1997 8:00am

Secretary of State