

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **P93000088364 (3)**

1. Corporation Name
VILLAGE GREEN MED HOME, INC.

Principal Place of Business Mailing Address
3011 SW 122ND AVENUE MIAMI FL 33175

3. Date Incorporated or Qualified **12/20/1993** 3a. Date of Last Report **04/26/1994**

2. Principal Place of Business 2a. Mailing Address

21. State, Apt. #, etc. 26. State, Apt. #, etc.

22. City & State 27. City & State

23. City & State 28. City & State

24. City 25. Quantity 29. City 30. Quantity

4. FEI Number **65-0456823** 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 § 199.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREZ, JUAN
3011 SW 122ND AVENUE
MIAMI FL 33175

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
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, principal place of business, 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: **JUAN PEREZ** *[Signature]* **04-07-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: **PTD**
12.2 NAME: **PEREZ, JUAN**
12.3 STREET ADDRESS: **3011 S.W. 122ND AVENUE**
12.4 CITY, ST, ZIP: **MIAMI FL 33175**

13.1 TITLE: **PTD** Change Addition
13.2 NAME: **PEREZ, JUAN**
13.3 STREET ADDRESS: **3011 SW 122 ND AVE**
13.4 CITY, ST, ZIP: **MIAMI FL 33175**

12.5 TITLE: **VSD**
12.6 NAME: **PEREZ, CLARA O**
12.7 STREET ADDRESS: **3011 S.W. 122ND AVENUE**
12.8 CITY, ST, ZIP: **MIAMI FL 33175**

13.5 TITLE: **VSD** Change Addition
13.6 NAME: **PEREZ, CLARA O.**
13.7 STREET ADDRESS: **12810 SW 43 Dr #1248**
13.8 CITY, ST, ZIP: **MIAMI FL 33175**

12.9 TITLE: **VD**
12.10 NAME: **SOTO, CARLOS A**
12.11 STREET ADDRESS: **3011 S.W. 122ND AVENUE**
12.12 CITY, ST, ZIP: **MIAMI FL 33175**

13.9 TITLE: **VD** Change Addition
13.10 NAME: **Soto, alba Z.**
13.11 STREET ADDRESS: **3011 SW 122 ND AVE**
13.12 CITY, ST, ZIP: **MIAMI FL 33175**

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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 1.19 (2)(C)(b), Florida Statutes. I further certify that the information indicated on the 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 associate this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: *[Signature]* **04-07-95** (305) 227-2537