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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000088364 (3)**

1. Corporation Name
VILLAGE GREEN MED HOME, INC.

Principal Place of Business	Mailing Address
3011 SW 122ND AVENUE MIAMI FL 33175	3011 SW 122ND AVENUE MIAMI FL 33175-2238

3. Date Incorporated or Qualified: 12/20/1993
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business
21: 12889 S.W. 42 ST.
22: Suite, Apt. #, etc.
23: City & State: MIAMI, FLORIDA
24: Zip: 33175
25: Country: DADE

2a. Mailing Address
26: 12889 S.W. 42 St
27: Suite, Apt. #, etc.
28: City & State: MIAMI FLORIDA
29: Zip: 33175
30: Country: DADE

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 s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEREZ, JUAN
3011 SW 122ND AVENUE
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name: CLARA O. PEREZ
82 Street Address (P.O. Box Number is Not Acceptable): 12810 S.W. 43 DR # 124 B
83:
84 City: MIAMI, FL 85 Zip Code: 33175

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.

SIGNATURE: X _____ 2/22/97
Signature, typed or printed name, of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ, JUAN		1.2 NAME		
STREET ADDRESS	3011 S.W. 122ND AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE	PSTD	☒ Change ☐ Addition
NAME	PEREZ, CLARA O		2.2 NAME	PEREZ, CLARA O.	
STREET ADDRESS	12810 SW 43 DR., #124B		2.3 STREET ADDRESS	12810 S.W. 43 DR # 124B	
CITY-ST-ZIP	MIAMI FL 33175		2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33175	
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			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/22/97 (305) 221-3379