

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90104 026 \*\*\*150.00

DOCUMENT # **P94000014140**

1. Corporation Name  
**143 HOME HEALTH, INC.**



Principal Place of Business  
**4745 SW 75 AVE  
MIAMI FL 33155  
US**

Mailing Address  
**4745 SW 75 AVE  
MIAMI FL 33155  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/21/1994**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>65-0468803</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ZOE PADRON, BLANCA  
4745 SW 75 AVE  
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PADRON, BLANCA Z</b>	1.2 NAME	<b>Padron Blanca Z.</b>
STREET ADDRESS	<b>17793 S.W. 139 CT.</b>	1.3 STREET ADDRESS	<b>17793 SW. 139 CT.</b>
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	1.4 CITY-ST-ZIP	<b>MIAMI FL 33177</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONGO, JOSE A</b>	2.2 NAME	<b>DMP/T Longo, Jose A.</b>
STREET ADDRESS	<b>17793 S.W. 139 CT.</b>	2.3 STREET ADDRESS	<b>17793 SW. 139 CT.</b>
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	2.4 CITY-ST-ZIP	<b>MIAMI FL 33177</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUILES, MARGARITA</b>	3.2 NAME	
STREET ADDRESS	<b>14423 S.W. 96 LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, ANDREA</b>	4.2 NAME	
STREET ADDRESS	<b>14423 S.W. 96 LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/99** **305 269 9696**  
Date Daytime Phone #

CR2E034 (11/98)