

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000020613 (3)**

1. Corporation Name

HOME HEALTH INTERNATIONAL INC

Principal Place of Business

**4515 N. STATE RD. 7.
LAUDERDALE LAKES FL 33319**

Mailing Address

**4515 N. STATE RD. 7.
LAUDERDALE LAKES FL 33319**

FILED
Apr 08, 1996 08:00 AM
Secretary of State



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**REILY, WILLIAM B
4515 N. STATE RD. 7
LAUDERDALE LAKES FL 33319**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**Stuart J. Rosenthal, Esq.
800 E Cypress Creek Road, Suite 303**

Ft. Lauderdale

FL

85

33334

10. Name and Address of New Registered Agent

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 of the person named as registered agent and, if applicable,

(NOTE: Registered Agent Signature represents which is not being)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
REILY, WILLIAM B
4515 N. STATE RD. 7
LAUDERDALE LAKES FL 33319**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

TITLE ☐ DELETE

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CITY- ST- ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**PT
William B. Reily
4515 N State Road 7
Lauderdale Lakes, FL 33319**

☐ Change ☒ Addition

**S
Gavriel Shade
4515 North State Road 7
Lauderdale Lakes, FL 33319**

☐ Change ☐ Addition

**3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY- ST- ZIP**

☐ Change ☐ Addition

**4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY- ST- ZIP**

☐ Change ☐ Addition

**5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY- ST- ZIP**

☐ Change ☐ Addition

**6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY- ST- ZIP**

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 119.07(3)(k), 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:

William B. Reily
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/1/96 (954) 733-6163

CR2E034 (12/95)