

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:17

HIALEAH, FLORIDA

DOCUMENT # P94000038124 (1)

1. Corporation Name:

URQUIZA HOME HEALTH INC

Principal Place of Business

1490 W 49 PL
SUITE ~~400~~ 440
HIALEAH FL 33012

Mailing Address

1490 W 49 PL
SUITE ~~400~~ 440
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **1490 W 49 Place**

26 Mailing Address

26 **1490 W 49 Place**

Suite, Apt., etc.

22 **Suite 440**

Suite, Apt., etc.

27 **Suite 440**

City & State

23 **Hialeah, FL**

City & State

28 **Hialeah, FL**

Zip

24 **33012**

Country

25 **U.S.A.**

Zip

29 **33012**

30 **U.S.A.**

8. Name and Address of Current Registered Agent

**URQUIZA, ZENAIDA
1490 W 49 PL
SUITE 310
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

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 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 607.0508, Florida Statutes.

SIGNATURE: *Zenaida Urquiza*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER NAME STREET ADDRESS CITY & ZIP	D URQUIZA, ZENAIDA 1490 W 49 PL SUITE 310 HIALEAH FL 33012	1. TITLE 1. NAME 1. STREET ADDRESS 1. CITY & ZIP	<input checked="" type="checkbox"/> ZENAIDA HOME HEALTH <input type="checkbox"/> Change <input type="checkbox"/> Addition Zenaida Urquiza 1490 W 49 Place, Suite 440 Hialeah, FL 33012
OFFICER NAME STREET ADDRESS CITY & ZIP	D URQUIZA, JUAN 1490 W 49 PL SUITE 310 HIALEAH FL 33012	2. TITLE 2. NAME 2. STREET ADDRESS 2. CITY & ZIP	<input checked="" type="checkbox"/> JUAN R. URQUIZA <input type="checkbox"/> Change <input type="checkbox"/> Addition Juan R. Urquiza 1490 W 49 Place, Suite 440 Hialeah, FL 33012
OFFICER NAME STREET ADDRESS CITY & ZIP		3. TITLE 3. NAME 3. STREET ADDRESS 3. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER NAME STREET ADDRESS CITY & ZIP		4. TITLE 4. NAME 4. STREET ADDRESS 4. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER NAME STREET ADDRESS CITY & ZIP		5. TITLE 5. NAME 5. STREET ADDRESS 5. CITY & ZIP	000001476149 -05/08/95--01016--017 ****200.00 ****200.00
OFFICER NAME STREET ADDRESS CITY & ZIP		6. TITLE 6. NAME 6. STREET ADDRESS 6. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(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 officer or director empowered to execute the 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: *Zenaida Urquiza*

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95

(305) 556-8818

Date

0001214 CP