FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 3:17
TALLAHASSEE, FLORIDA

DOCUMENT # P94000038124 (1)

1. Corporate Name
URQUIZA HOME HEALTH INC

Principal Place of Business	Mailing Address
1490 W 49 PL SUITE ~~310~~ 440 HIALEAH FL 33012	1490 W 49 PL SUITE ~~310~~ 440 HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1490 W 49 Place	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 Dade	Zip 29 33012 Country 30 Dade

4. FEI Number: 650492104 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
URQUIZA, ZENAIDA 1490 W 49 PL SUITE 310 HIALEAH FL 33012	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 607.0505, Florida Statutes.

SIGNATURE: Zenaida Urquiza (Zenaida Urquiza) for (if applicable) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME URQUIZA, ZENAIDA STREET ADDRESS 1490 W 49 PL SUITE 310 CITY ST ZIP HIALEAH FL 33012	☐ Change ☐ Addition D URQUIZA HOME HEALTH Zenaida Urquiza 1490 W 49 Place. Suite 440 Hialeah, FL. 33012
TITLE D NAME URQUIZA, JUAN STREET ADDRESS 1490 W 49 PL SUITE 310 CITY ST ZIP HIALEAH FL 33012	☐ Change ☐ Addition D URQUIZA HOME HEALTH Juan R. Urquiza 1490 W 49 Place. Suite 440 Hialeah, FL. 33012
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	300001476149 -05/08/95--01016--017 ****200.00 ****200.00
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

14. I/We 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)(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: Zenaida Urquiza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/95
Date

(305) 556-8818
Daytime Phone #

0001214 CR