

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 PM 4:24

DOCUMENT # P94000056864 (9)

1. Corporation Name

SPECIALTY HOME CARE SERVICES INC.

Principal Place of Business

**10925 SW 25 STREET
MIAMI FL 33165**

Mailing Address

**10925 SW 25 STREET
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1994

3a. Date of Last Report

FIRST REPORT

2. Principal Place of Business

21 1000 Ponce de Leon

2a. Mailing Address

26 1000 Ponce de Leon

Suite, Apt. #, etc.

22 #120

Suite, Apt. #, etc.

27 #120

City & State

23 Coral Gables FL

City & State

28 Coral Gables FL

Zip

24 33134

Country

25 Dade

Zip

29 33134

Country

30 Dade

4. FEI Number

65 0509881

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

**HERNANDEZ, SILVIA
10925 SW 25 STREET
MIAMI FL 33165**

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and tax if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
HERNANDEZ, SILVIA
STREET ADDRESS
10925 SW 25 STREET
CITY - ST - ZIP
MIAMI FL 33165

TITLE
D
NAME
DIAZ, GLADYS
STREET ADDRESS
2353 SW 138 AVE
CITY - ST - ZIP
MIAMI FL 33175

TITLE
D
NAME
PEREZ, OSCAR E
STREET ADDRESS
3443 SW 113 COURT
CITY - ST - ZIP
MIAMI FL 33165

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

31. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. 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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Silvia R. Hernandez **Silvia R. Hernandez** President 4/10/95 (305) 446-5990