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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # P94000066690

1. Corporation Name
ADVANCED QUALITY HOME HEALTH CARE, INC

Principal Place of Business	Mailing Address
435 HIALEAH DR. SUITE 4 HIALEAH, FL 33010	435 HIALEAH DR SUITE 4 HIALEAH, FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9-12-94
3a. Date of Last Report: 9-12-94

21 2. Principal Place of Business	26 2a. Mailing Address: 3750 W. 16 AVE	4. FEI Number: 65-052104	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.: 238-U	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State: HIALEAH FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip: 33016 / 30 Country: DADE	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

MIRIAM TAYLOR
435 HIALEAH DR. SUITE 4
HIALEAH, FL 33010

10. Name and Address of New Registered Agent

81 Name: MIRIAM TAYLOR
82 Street Address (P.O. Box Number is Not Acceptable): 3750 W. 16 AVE SUITE 238-U
83
84 City: HIALEA FL 85 Zip Code: 33016

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: X _____
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	P	11 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, MIRIAM	12 NAME	
STREET ADDRESS	3750 W. 16 AVE SUITE 238-U	13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33010	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	VAZQUEZ, JABELING	22 NAME	700001451947
STREET ADDRESS	3750 W. 16 AVE SUITE 238-U	23 STREET ADDRESS	-04/10/95--01037--008
CITY-ST-ZIP	HIALEAH, FL 33016	24 CITY-ST-ZIP	****200.00 ****200.00
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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 added by attachment with an address.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-7-95