

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000072048 (9)**

1. Corporation Name

A & M HOME HEALTH CARE, INC.

Principal Place of Business

**1800 SW 1ST STREET STE. 313
MIAMI FL 33135**

Mailing Address

**1800 SW 1ST STREET STE. 313
MIAMI FL 33135**



2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

**DOMINGUEZ, ANGEL
1800 SW 1ST STREET STE. 313
MIAMI FL 33135**

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State, Apt. #, etc.

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City & State

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Zip

Country

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33135

30 DADE

3. Date Incorporated or Qualified

09/30/1994

3a. Date of Last Report

07/27/1995

4. FCI Number

65-0573765

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes.

☒ Yes

☐ No

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 607.06(2) and 607.15(9)(b), 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 607.06(5), Florida Statutes.

SIGNATURE

12. Signature of Agent for Service of Process

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

P

**DOMINGUEZ, ANGEL
1800 SW 1ST STREET STE. 313
MIAMI FL 33135**

☐ DELETE

2. NAME

3. STREET ADDRESS

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