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Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P94000082640 (1)

1. Corporation Name
PERERA HOME HEALTH CARE, INC.

Principal Place of Business
6741 SW 24 STREET, SUITE 48
MIAMI FL 33155

Mailing Address
6741 SW 24 STREET, SUITE 48
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/10/1994

2. Principal Place of Business
21 4143 SW 74 CT
Suite, Apt. #, etc
22 STE A
City & State
23 MIAMI FL
Zip 24 33155 Country 25 DADE

2a. Mailing Address
26 4143 SW 74 CT
Suite, Apt. #, etc.
27 STE A
City & State
28 MIAMI FL
Zip 29 33155 Country 30 DADE

4. FEI Number
65-0533544
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
PERERA, IDALMI D
800 NW 40 AVENUE
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name PERERA IDALMI
82 Street Address (P.O. Box Number is Not Acceptable) 4143 SW 74 CT
83 STE A
84 City MIAMI FL 85 Zip Code 33155

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 I Idalmi D Perera
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	PERERA, IDALMI D	
STREET ADDRESS	800 NW 400 AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	PERERA IDALMI	
1.3 STREET ADDRESS	4143 SW 74 CT STE A	
1.4 CITY-ST-ZIP	MIAMI FL 33155	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	400002546504	
5.3 STREET ADDRESS	-06/03/98--01086--050	
5.4 CITY-ST-ZIP	***150.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: I Idalmi D Perera 5/1/98 (305) 269-9955