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

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000094131 (7)**

1. Corporation Name
**CRESTVIEW HOME HEALTH, INC.**

Principal Place of Business
**1110 NE 163 ST**
**200-A**
**MIAMI FL 33162**
**US**

Mailing Address
**1110 NE 163 ST**
**200-A**
**MIAMI FL 33162**
**US**

3. Date Incorporated or Qualified: **12/30/1994**
3a. Date of Last Report: **06/02/1995**

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27
City & State: 23
City & State: 28
Zip: 24 Country: 25
Zip: 29 Country: 30

4. FEI Number: **65-0552033** 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**
**ARISTIDE, YOLAND**
**510 NW 145TH ST**
**MIAMI FL 33168**

**10. Name and Address of New Registered Agent**
81 Name: MARIE MICHELLE ARISTIDE
82 Street Address (P.O. Box Number is Not Acceptable): 510 NW 145 ST
83: MIAMI, FLA 33168
84 City: MIAMI FL 85 Zip Code: 33168

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: Marie M Aristide — Signature of Registered Agent required for change. Note: Registered Agent Signature required for name change. DATE: 2/15/96

**12. OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | P ☒ DELETE |
| NAME | ARISTIDE, YOLAND |
| STREET ADDRESS | 510 NW 145TH ST |
| CITY-ST-ZIP | MIAMI FL 33168 |
| 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 | |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | |
|---|---|
| 1.1 TITLE | P/VIT ☒ Change ☐ Addition |
| 1.2 NAME | ARISTIDE, MARIE |
| 1.3 STREET ADDRESS | 510 NW 145TH ST |
| 1.4 CITY-ST-ZIP | MIAMI, FL 33168 |
| 2.1 TITLE | S ☐ Change ☒ Addition |
| 2.2 NAME | IRENE FRANCIS |
| 2.3 STREET ADDRESS | 13500 NE 3CT #424 |
| 2.4 CITY-ST-ZIP | MIAMI, FLA 33161 |
| 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 | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | ☐ Change ☐ Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

CR2E034 (12/95)

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)(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:** Marie M Aristide — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MARIE M. ARISTIDE — Date: 2/15/96 — Daytime Phone #: 305 354 8881