

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

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

97 JUL 31 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P950000000640

1. Corporation Name

J.M.C. Home Health Services, Inc.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

11865 S.W. 26th St.

3. New Mailing Office Address, If Applicable

11865 S.W. 26th St.

Suite, Apt. #, etc.

Ste. G-7

Suite, Apt. #, etc.

Ste. G-7

City & State

Miami, FL

City & State

Miami, FL

Zip

33175

Country

U.S.A.

Zip

33175

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

1-4-95

5. FEI Number

65-0547762

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.S.T.V.	Marie L. Santiago	11865 S.W. 26th St Ste. G-7	Miami, FL 33175

000002257880--1

08/05/97 01046 003

\*\*\*\*365.00 \*\*\*\*365.00

8. Name and Address of Current Registered Agent

The Law Firm of Lawrence J. Spiegel  
343 Almeida Ave.  
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name Marie L. Santiago  
Street Address (P.O. Box Number is Not Acceptable)  
11865 S.W. 26th St.  
Suite, Apt. #, Etc. Ste. G-7  
City Miami  
State FL Zip Code 33175

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Marie L. Santiago*

REGISTERED AGENT MUST SIGN

Date

07/30/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Marie L. Santiago*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/30/97  
Date

(305) 485-0053  
Daytime Phone #

CP25040 (1/2/96)

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July 30, 1997

Department of State  
Div. of Corporation  
409 E. Gaines St.  
Tallahassee, Fl 32399

JMC Home Health Services, Inc.  
11865 SW 26th St. Ste. G-7  
Miami, Fl 33175

TO WHOM IT MAY CONCERN:

As per our phone conversation, I am stating that we have not received our 1996 & 1997 Corporation Annual Report forms. This is probably due to the fact we have changed addresses.

Enclosed please find the check for \$365.00 for the years 1996 and 1997. This is per the instructions of one of your Document Specialists.

Respectfully yours,

  
Marie L. Santiago, President.