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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 # P98000030640

1. Corporation Name
J. M. C. Home Health Services, Inc.

Principal Place of Business
11865 S.W. 26th St.
Ste. G-7
Miami, FL 33175

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 7105 S.W. 8th St.
22 Suite, Apt. #, etc. Ste. 302.
23 City & State Miami, FL.
24 Zip 33144
25 Country Dade.

2a. Mailing Address
26 7105 S.W. 8th St.
27 Suite, Apt. #, etc. Ste. 302
28 City & State Miami, FL
29 Zip 33144
30 Country Dade.

3. Date Incorporated or Qualified 1-4-95

4. FEI Number 65-0547762 ☐ 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
Marie L. Santiago
11865 S.W. 26th St Ste. G-7
Miami, FL 33175

10. Name and Address of New Registered Agent
81 Name Lourdes Chipi
82 Street Address (P.O. Box Number is Not Acceptable) 7105 S.W. 8th St.
83 Ste 302.
84 City Miami FL 85 Zip Code 33144.

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 Lourdes Chipi (Signature, type or print name of the above-named Registered Agent - required) 4/30/98 (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.S.T.V. Marie L Santiago 11865 S.W. 26th St. Ste G-7 Miami, FL 33175	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Vice-Pres. Marie L. Santiago 20211 S.W. 84th Ave. Miami, FL 33189	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	President, Sec, Treasure. Lourdes Chipi 9125 S.W. 27 St. Miami, FL 33165.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	300002546433 -06/03/98--01086--000 ***158.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	4/6/2	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 added on an attachment with an address.

SIGNATURE: Lourdes Chipi Pres. 4/30/98 (305)265-1199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)