FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Dec 05 1997 8:00 am
Secretary of State
TALLAHASSEE FLORIDA

DOCUMENT # P95000007878

1. Corporation Name
PATT HOME CARE, INC.

Principal Place of Business
2466 S.W. 9th Street
Miami, Fl 33135

Mailing Address
(same)

3. Date Incorporated or Qualified: January 26, 1995

3a. Date of Last Report:

4. FEI Number: 65-0558230 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2466 SW 9th Street	26 (same)
22 Suite, Apt. #, etc. N/A	27 Suite, Apt. #, etc. N/A
23 City & State: Miami, Florida	28 City & State: Miami, Florida
24 Zip: 33135 — 25 Country: Dade	29 Zip: 33135 — 30 Country: Dade

9. Name and Address of Current Registered Agent

Rossana P. Ramirez
2466 S.W. 9th Street
Miami, Florida 33135

10. Name and Address of New Registered Agent

81 Name: Mariela M. Fraser
82 Street Address (P.O. Box Number is Not Acceptable): 2466-B Ryan Place
83 ~~300002366049--3~~ --------------12/10/97--01103--014 ******61.25 ******61.25
84 City: Tallahassee 85 FL 86 32308

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: *Mariela M. Fraser*

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D/P NAME: Rossana P. Ramirez STREET ADDRESS: CITY-ST-ZIP:	☒ DELETE	1.1 TITLE / 1.2 NAME: D/P Marcelin R. Morales 1.3 STREET ADDRESS: 2466 S.W. 9th Street 1.4 CITY-ST-ZIP: MIAMI, FL 33135	☒ Change ☐ Addition
TITLE: D/VP NAME: Rossana P. Ramirez STREET ADDRESS: CITY-ST-ZIP:	☒ DELETE	2.1 TITLE: D/VP 2.2 NAME: Nidia Dominguez 2.3 STREET ADDRESS: 2466 S.W. 9th Street 2.4 CITY-ST-ZIP: MIAMI, FL 33135	☒ Change ☐ Addition
TITLE: D/S NAME: Rossana P. Ramirez STREET ADDRESS: CITY-ST-ZIP:	☒ DELETE	3.1 TITLE / 3.2 NAME: D/S Juana Dominguez 3.3 STREET ADDRESS: 2466 S.W 9th Street 3.4 CITY-ST-ZIP: MIAMI, FL 33135	☒ Change ☐ Addition
TITLE: D/T NAME: Rossana P. Ramirez STREET ADDRESS: CITY-ST-ZIP:	☒ DELETE	4.1 TITLE / 4.2 NAME: D/T Nidia Dominguez 4.3 STREET ADDRESS: 2466 S.W. 9th Street 4.4 CITY-ST-ZIP: MIAMI, FLA 33135	☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	5.1 TITLE: D 5.2 NAME: MARIELA M. FRASER 5.3 STREET ADDRESS: 2446 B RYAN PLACE 5.4 CITY-ST-ZIP: TALLAHASSEE, FL 32308 — OFFICER	☐ 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

CR2E034 (9/96)

14. I do 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.

Mariela M. Fraser