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FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000009397 (7)

1. Corporation Name

SUNSET HARBOR HOME HEALTH, INC.



Principal Place of Business

100 SE SECOND STREET
36TH FLOOR
MIAMI FL 33131

Mailing Address

100 S.E. 2 STREET
3TH FLOOR
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 100 S.E. 2nd Street

Suite, Apt. #, etc.

22 36th Floor

City & State

23 Miami, FL

Zip

24 33131

Country

25 U.S.A.

2a. Mailing Address

26 100 S.E. 2nd Street

Suite, Apt. #, etc.

27 36th Floor

City & State

28 Miami, FL

Zip

29 33131

Country

30 U.S.A.

3. Date Incorporated or Qualified

02/03/1995

4. FEI Number

65-0583910

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

TARBE, SUSAN ESQ
100 SE 2ND STREET
36TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Susan Tarbe ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

100 S.E. 2nd Street

83

36th Floor

84 City

Miami

FL

85 Zip Code

33131

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

Susan Tarbe

(Susan Tarbe)

2/20/98

DATE

12. OFFICERS AND DIRECTORS

TITLE CDP
NAME FERNANDEZ, CHARLES M
STREET ADDRESS 100 SE SECOND STREET-36TH FLOOR
CITY-ST-ZIP MIAMI FL 33131 ☒ DELETE

TITLE S
NAME REMPE, VIRGINIA M
STREET ADDRESS 9536 LAKEOK DRIVE
CITY-ST-ZIP OKLAHOMA CITY OK 73165 ☒ DELETE

TITLE S
NAME TARBE, SUSAN ESQ
STREET ADDRESS 100 SE SECOND STREET-36TH FLOOR
CITY-ST-ZIP MIAMI FL 33131 ☒ DELETE

TITLE T
NAME SOSA, MARIA T
STREET ADDRESS 100 SE SECOND STREET-36TH FLOOR
CITY-ST-ZIP MIAMI FL 33131 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Jeffrey Barnhill
1.3 STREET ADDRESS 100 S.E. 2nd Street, 36th Floor
1.4 CITY-ST-ZIP Miami, FL 33131

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
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

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

Susan Tarbe

2/19/98

CR2E034 (10/97)