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Jan 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000019829 (7)

1. Corporation Name  
GABLES HOME HEALTH CARE, INCORPORATED

Principal Place of Business  
2645 S.W. 37TH AVENUE  
SUITE 703A  
CORAL GABLES FL 33133

Mailing Address  
2645 S.W. 37TH AVENUE  
SUITE 703A  
CORAL GABLES FL 33133-2754

3. Date Incorporated or Qualified  
03/09/1995

3a. Date of Last Report  
03/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0564919

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

23 City & State  
Miami, FL.

28 City & State  
Miami, FL.

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 Zip  
33133

25 Country  
US

29 Zip  
33133

30 Country  
US

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELENDEZ, EDUARDO S  
2645 SW 37TH AVENUE  
SUITE 703A  
MIAMI FL 33133

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 7, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME MARTINEZ, HUGO  
STREET ADDRESS POST OFFICE BOX 144522 N/A  
CITY-ST-ZIP CORAL GABLES FL 33134

1.1 TITLE Director ☒ Change ☐ Addition  
1.2 NAME Eduardo S. Mendez  
1.3 STREET ADDRESS 3660 SW 18 Terr.  
1.4 CITY-ST-ZIP Miami, FL 33145

TITLE D ☒ DELETE  
NAME MENDEZ, EDUARDO S  
STREET ADDRESS 3660 SW 28 TERR.  
CITY-ST-ZIP MIAMI FL 33145

2.1 TITLE Director ☒ Change ☐ Addition  
2.2 NAME NANCY V. NORON DE AMOR  
2.3 STREET ADDRESS 33 MALAGA AVE.  
2.4 CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 7, 1997

Date

Daytime Phone #

305-446-9293

0170763

CR2E034 (9/96)