

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
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1997 JUL -7 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000024690 (6)

1. Corporation Name

PERSONAL CARE HOME HEALTH AGENCY, INC.



Principal Place of Business

9507 S.W. 160TH ST.
SUITE 243
MIAMI FL 33157

Mailing Address

9507 S.W. 160TH ST.
SUITE 243
MIAMI FL 33157 3350

2. Principal Place of Business

21 9501 S.W. 16057
Suite, Apt. #, etc. Suite 243
22 City & State Miami, FL
23 Zip 33157 Country
24 33157 25

2a. Mailing Address

26 9501 S.W. 16057
Suite, Apt. #, etc. Suite 243
27 City & State Miami, FL
28 Zip 33157 Country
29 33157 30

3. Date Incorporated or Qualified

03/28/1995

3a. Date of Last Report

09/30/1996

4. FET Number

65-0569594

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

9. Name and Address of Current Registered Agent

BERNARD, ANTHONY
16201 S.W. 95TH AVE.
SUITE 100
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name Connie Bowers & Associates, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 16938 South Dixie Highway
83 City MIAMI
84 FL 85 Zip Code 33157

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

CONNIE BOWERS

(NOTE: Registered Agent signature required when reinstating)

DATE

6/20/97

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	WRAY, VERNA M	
STREET ADDRESS	9507 S.W. 160TH ST. SUITE 200	
CITY - ST - ZIP	MIAMI FL 33157	
TITLE	D	DELETE
NAME	EUSEBE, MARIE	
STREET ADDRESS	14820 S.W. 129TH PLACE ROAD	
CITY - ST - ZIP	MIAMI FL 33157	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		
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 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.

CR2E034 (9/96)