SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Aug 14, 1996 08:00 AM
Secretary of State

DOCUMENT # **P95000029404 (7)**

1. Corporation Name

M & R HOME HEALTH, INC.

Principal Place of Business	Mailing Address
1000 PONCE DE LEON BLVD., #105 CORAL GABLES FL 33134	1000 PONCE DE LEON BLVD., #105 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 04/10/1995
3a. Date of Last Report

4. FEI Number — ✓ 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 1000 PONCE DE LEON BLU 105	26 1000 PONCE DE LEON BLV.
22 Suite, Apt. #, etc CORAL GABLES FL	27 Suite, Apt. #, etc SUITE 105 CORAL GABLES
23 City & State	28 City & State FL 33134
24 Zip 33134 — 25 Country DADE	29 Zip — 30 Country DADE

9. **Name and Address of Current Registered Agent**

MARICHAL, MARTA B
102 WEST 27 STREET
HIALEAH FL 33010

10. **Name and Address of New Registered Agent**

81 Name ROSA M. GONZALEZ
82 Street Address (P.O. Box Number is Not Acceptable) 6625 W 4 AVE APTO 201
83
84 City HIALEAH FL 85 Zip Code 33012

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 ROSA M. GONZALEZ [signature] 08/03/96
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	PD	☒ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	MARCHIAL, MARTA B		1.2 NAME	ROSA M. GONZALEZ
STREET ADDRESS	102 WEST 27 STREET		1.3 STREET ADDRESS	6625 W 4 AVE APTO 201 HIALEAH FL 33012
CITY - ST - ZIP	HIALEAH FL 33010		1.4 CITY - ST - ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY - ST - ZIP			2.4 CITY - ST - ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4 CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROSA M. GONZALEZ [signature] 08/03/96 443-2922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #