


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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000030948 (0) 1. Corporation Name AMNA HOME CARE, INC.					
Principal Place of Business 1790 W. 49TH ST., SUITE 201 HIALEAH FL			Mailing Address 1790 W. 49TH ST., SUITE 201 HIALEAH FL		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 1790 W 49 ST Suite, Apt. #, etc. 211 City & State Hialeah, Florida Zip 33012 Country USA		2a. Mailing Address 26 1790 W 49 ST Suite, Apt. #, etc. 211 City & State Hialeah, FL Zip 33012 Country USA		3. Date Incorporated or Qualified 04/20/1995 4. FEI Number 65-0579951 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LOPEZ, ANA M 1790 W. 49TH ST., SUITE 201 HIALEAH FL			10. Name and Address of New Registered Agent 81 Name ANA M. LOPEZ 82 Street Address (P.O. Box Number is Not Acceptable) 1790 W 49 ST # 211 83 84 City Hia 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 Signature: typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE PT <input type="checkbox"/> DELETE NAME LOPEZ, ANA M STREET ADDRESS 1790 W. 49TH ST., SUITE 201 CITY-ST-ZIP HIALEAH FL TITLE <input type="checkbox"/> DELETE NAME ARMAS, ALEIDA M STREET ADDRESS 1790 W. 49TH ST., SUITE 201 CITY-ST-ZIP HIALEAH FL TITLE <input type="checkbox"/> DELETE NAME RODRIGUEZ, CLOTILDE STREET ADDRESS 1790 W. 49TH ST., SUITE 201 CITY-ST-ZIP HIALEAH FL TITLE <input type="checkbox"/> DELETE NAME AGUERA, MAYDA STREET ADDRESS 1790 W. 49TH ST., SUITE 201 CITY-ST-ZIP HIALEAH FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME JEANNE LOPEZ 5.3 STREET ADDRESS 1790 W 49 ST # 201 5.4 CITY-ST-ZIP Hialeah, FL 33012 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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:

04/30/98

CR2E034 (10/97)