

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

FILED
Mar 30 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P95000034870 (2)**

1. Corporation Name

METROPOLITAN HOME HEALTH CARE INC.

Principal Place of Business

**8170 NW 66 ST N/A
MIAMI FL 33166
US**

Mailing Address

**11470 S.W. 55TH ST.
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1995

4. FEI Number

65-0576985

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

**PEREZ, MARIA J
3350 SW 137 AVE
MIRAMAR FL 33027**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
**DP
PEREZ, MARIA J
3350 SW 137 AVE
MIRAMAR FL**

1.2 NAME ☐ DELETE

NAME
**D
CALLEIRO, GUSTAVO
11470 S.W. 55TH ST.
MIAMI FL 33165**

1.3 STREET ADDRESS ☐ DELETE

1.4 CITY-ST-ZIP

1.5 CITY-ST-ZIP

1.6 CITY-ST-ZIP

1.7 CITY-ST-ZIP

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1.17 CITY-ST-ZIP

1.18 CITY-ST-ZIP

1.19 CITY-ST-ZIP

1.20 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

1.5 CITY-ST-ZIP ☐ Change ☐ Addition

1.6 CITY-ST-ZIP ☐ Change ☐ Addition

1.7 CITY-ST-ZIP ☐ Change ☐ Addition

1.8 CITY-ST-ZIP ☐ Change ☐ Addition

1.9 CITY-ST-ZIP ☐ Change ☐ Addition

1.10 CITY-ST-ZIP ☐ Change ☐ Addition

1.11 CITY-ST-ZIP ☐ Change ☐ Addition

1.12 CITY-ST-ZIP ☐ Change ☐ Addition

1.13 CITY-ST-ZIP ☐ Change ☐ Addition

1.14 CITY-ST-ZIP ☐ Change ☐ Addition

1.15 CITY-ST-ZIP ☐ Change ☐ Addition

1.16 CITY-ST-ZIP ☐ Change ☐ Addition

1.17 CITY-ST-ZIP ☐ Change ☐ Addition

1.18 CITY-ST-ZIP ☐ Change ☐ Addition

1.19 CITY-ST-ZIP ☐ Change ☐ Addition

1.20 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Maria Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA PEREZ

3/30/98

305 716 9009

CR2E034 (10/97)