FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

$208.75

DOCUMENT # P95000035895 (8)

1. Corporation Name

MEDI-PRO HOME HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
7330 WEST 20TH AVENUE MIAMI LAKES FL 33016-1835	7330 WEST 20TH AVENUE MIAMI LAKES FL 33016-1835

3. Date Incorporated or Qualified: 05/05/1995
3a. Date of Last Report:

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 65-058-0145 ☐ 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

9. Name and Address of Current Registered Agent

COSTA, HELAN C
7330 WEST 20TH AVENUE
MIAMI LAKES FL 33016-1835

10. Name and Address of New Registered Agent

81 Name: Costa, Helen C.
82 Street Address (P.O. Box Number is Not Acceptable): 7330 West 20 Ave
83 Miami Lakes,
84 City: FL
85 Zip Code: 33016-1835

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] 3/26/96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	COSTA, REINALDO	
STREET ADDRESS	7330 WEST 20TH AVENUE	
CITY-ST-ZIP	MIAMI LAKES FL 33016-1835	
TITLE	D	☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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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	Director-Vice President-Secretary	☑ Change ☐ Addition
1.2 NAME	Costa, Reinaldo	
1.3 STREET ADDRESS	7330 West 20 Ave	
1.4 CITY-ST-ZIP	Miami Lakes, FLA 33016-1835	
2.1 TITLE	Director-President-Treasurer	☐ Change ☑ Addition
2.2 NAME	Costa, Helen C.	
2.3 STREET ADDRESS	7330 West 20 Ave	
2.4 CITY-ST-ZIP	Miami Lakes, FLA 33016-1835	
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	600001864026	
5.3 STREET ADDRESS	-06/17/96--01050--046	
5.4 CITY-ST-ZIP	***208.75	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5/1/12

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 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] 3/26/96 (305) 828-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)