**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

APPROVED AND FILED
96 AUG 30 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000045671 (1)**

1. Corporation Name
**RUTH'S IN-HOME CARE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7377 NW 49TH PLACE<br>LAUDERHILL FL 33319 | 7377 NW 49TH PLACE<br>LAUDERHILL FL 33319 |

3. Date Incorporated or Qualified: **06/06/1995** | 3a. Date of Last Report:

| | |
|---|---|
| 21 2. Principal Place of Business: RUTH'S IN-HOME CARE INC | 26 2a. Mailing Address: 1763 NW 85TH DR. |
| 22 Suite, Apt. #, etc: 1763 NW 85 DR. | 27 Suite, Apt. # etc: CORAL Springs |
| 23 City & State: CORAL SPRINGS FL | 28 City & State: FL 3 |
| 24 Zip: 33071 25 Country: USA | 29 Zip: 33071 30 Country: USA |

4. FEI Number: 65-0587650 ☐ 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

BALASUBRAMANIAM, KIRUDDINAN
2348 NW 94TH AVE.
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: H & C PROFESSIONAL SERVICES INC
82 Street Address (P.O. Box Number is Not Acceptable): EXECUTIVE SUITE BLDG.
83 2331 N. STATE RD 7 # 120
84 City: LAUDERHILL FL 85 Zip Code: 33313-

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: (PRESIDENT) DATE: 8/23/96
(Signature, type and capacity of Registered Agent, Officer or Director required)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCBEAN, RUTH<br>7377 NW 49TH PLACE<br>LAUDERHILL FL 33319 | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCBEAN, ZAVOUR<br>7377 NW 49TH PLACE<br>LAUDERHILL FL 33319 | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition |

000001541675
-03/03/96 -01014-020
****225.00 ****225.00

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:** ZAVOUR MCBEAN / RUTH MCBEAN 7/3/96 954-340-7764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Zavour McBean Ruth McBean