

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000056896 (0)

1. Corporation Name

NURSING CHALLENGE HOME HEALTH CARE, INC.



Principal Place of Business

1000 PONCE DE LEON BLVD. STE 308-311  
CORAL GABLES FL 33134

Mailing Address

1000 PONCE DE LEON BLVD. STE 308  
CORAL GABLES FL 33134

2. Principal Place of Business

21 1000 PONCE DE LEON BLVD

Suite, Apt. #, etc.

22 Suite 311

City & State

23 CORAL GABLES, FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

07/21/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0601178

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

ORTA, JORGE R

1000 PONCE DE LEON BLVD. STE 308-311  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81

Name

JORGE R. ORTA

82

Street Address (P.O. Box Number is Not Acceptable)

1000 PONCE DE LEON BLVD.

83

SUITE # 311

84

City

CORAL GABLES

FL

85 Zip Code

33134

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 re-registering)

DATE

2/15/95

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS TOLEDO, ARIEL S  
CITY - ST - ZIP 14931 SW 71ST STREET  
MIAMI FL 19334

TITLE ☐ DELETE

NAME SD  
STREET ADDRESS FIDALGO, JOSE M  
CITY - ST - ZIP 8481 SW 35TH TERRACE  
MIAMI FL 33155

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

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

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/15/95

417-2891

CR2E034 (12/95)