

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000058327 (4)

1. Corporation Name

DEPENDABLE HOME HEALTH CARE INC.

Principal Place of Business

5209 NW 74 AVE
SUITE 204
MIAMI FL 33166

Mailing Address

5209 NW 74 AVE
SUITE 204
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

07/28/1995

3a. Date of Last Report

09/27/1996

4. FEI Number

65-0602487

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

9. Name and Address of Current Registered Agent

PEREZ, CLARA M
1100 MADRID ST.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

PEREZ CLARA M.

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

900 W 33 RD ST

83 City

HIALEAH

84 State

HIALEAH

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 607.0605, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

7-14-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME PEREZ, CLARA M
STREET ADDRESS 900 W. 33RD ST.
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ DELETE

V
NAME ALFONSO, RITA
STREET ADDRESS 1100 MADRID ST.
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ DELETE

ST
NAME RUIZ, SANDRA
STREET ADDRESS 3501 E. 8TH CT.
CITY-ST-ZIP HIALEAH FL 33013

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

P.T.S.
1.2 NAME CIARA M PEREZ
1.3 STREET ADDRESS 900 W 33 RD ST
1.4 CITY-ST-ZIP HIA FL 33012

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 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:

[Signature]

CLARA M. Perez

7-14-97 305-4700089

CR2E034 (4/97)