

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90046 028 ***158.75

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DOCUMENT # P95000058327

1. Corporation Name

DEPENDABLE HOME HEALTH CARE INC.

Principal Place of Business

4471 NW 36 STREET
252
MIAMI SPRINGS FL 33166
US

Mailing Address

4471 NW 36 STREET
252
MIAMI SPRINGS FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1995

4. FEI Number

65-0602487

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

X

Yes

No

2. Principal Place of Business

21 4487 NW 36 ST
Suite, Apt. #, etc.

22

23 City & State
MIAMI SPRINGS, FL

24 Zip
33166

25 Country
USA

2a. Mailing Address

26 4487 NW 36 ST
Suite, Apt. #, etc.

27

28 City & State
MIAMI SPRINGS, FL

29 Zip
33166

30 Country
USA

9. Name and Address of Current Registered Agent

PEREZ, CLARA M
900 W 33RD ST
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name
PEREZ, CLARA M.

82 Street Address (P.O. Box Number is Not Acceptable)
1801 SW 133 TERR.

83

84 City
MIRAMAR

FL

85 Zip Code
33027

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

TITLE PTS ☐ DELETE

NAME PEREZ, CLARA M

STREET ADDRESS 900 W. 33RD ST.

CITY-ST-ZIP HIALEAH FL

TITLE V ☐ DELETE

NAME ALFONSO, RITA

STREET ADDRESS 1100 MADRID ST.

CITY-ST-ZIP CORAL GABLES FL 33134

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 PTS ☒ Change ☐ Addition

1.2 NAME PEREZ, CLARA M.

1.3 STREET ADDRESS 1801 SW 133 TERR.

1.4 CITY-ST-ZIP MIRAMAR FL. 33027

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/99

Date

(305) 885-1048

Daytime Phone #

CR2E034 (1/1/98)