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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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Corporation	HOME HEALTH CARE,	•			( ) 188 ((188) ((188 1883) E(188)	ı Sekli dekin	Allii filim tiimi	HIN AINS	18011 <b>8</b> 181 1881
regional Place	of Division	Mada and Add							
undipal Place of Business Mailing Address									
		8101 S.W. 159TH CO Miami Fl 33193							
					3. Date Incorporated or C 08/09/1995	Qualified	3a. Date o	f Last Re	port
Procipal Pk	lace of Business	2a. Mailing Address			4. FEI Number		_ <del></del>		pplied For
Challes Assi	At also	26			65-0610	150	2		lot Applicat
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status De	esired			Additional Required
Oity & Stat∈	е	City & State			6. Election Campaign Fin				May Be
	Country	Zip	Cou	ntrv	Trust Fund Contributio  8. This corporation has lia				to Fees
	25	29	30	*	Florida Statutes	☐ Yes	<b>∡</b> No		133.032,
	9. Name and Address of Co	urrent Registered Agent			10. Name and Address	of New R	egistered Ag	jenl	
DEL VAL	IIE ECHON			81 Name					
DEL VALLE, FELICIA 8101 S.W. 159TH COURT				82 Street Add	dress (P.O. Box Number is Not a	Acceptabl	le)		
MIAMI FI	L 33193		İ	83					
			}	84 City	<del></del>			<b>85</b> Zip	Code
								עוא וכסו	COOE
101 Hillen Well	to the provisions of Sections 607, red agent, or both, in the State of th, and accept the obligations of,	0502 and 607.1508, Florida Statu Florida. Such change was author Section 607.0505, Florida Statute	ites, the abo ized by the c es.		pration submits this statement for ard of directors. I hereby accept	or the purp t the appo	FL.		igistered ol agent. I am
NATURE	Styliative is and or proted come of registered	Tag-or and title of applicability  AND DIRECTORS	IOIL Registered	ve-named corporation's boa			pose of chang pintment as re	ging its registered	
NATURE	Step of the objection of registerical OFFICERS	Section 607.0505, Florida Statute	IOIE Registered  13. 1 1 Ti	ve-named corporation's box Agent signature require	ed when reinstaling)		pose of changintment as re  DATE  CERS AND D	ging its registered	RS IN 12
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SIGNATURE:

certing that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under out; 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.

GNATURE:

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2-16-96 205-388-3863 Date Desyline Phone i