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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000082906 (5)

1. Corporation Name

GOLDENCARE HOME HEALTH AGENCY, INC.



Principal Place of Business

Mailing Address

10300 SW 72ND STREET
SUITE 325
MIAMI FL 33173
US

10300 SW 72ND STREET
SUITE 325
MIAMI FL 33173
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/30/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0620020	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip #		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
30		31		32	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OROZCO, GLADYS
3240 S.W. 139TH AVENUE
MIAMI FL 33175

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	
NAME	OROZCO, GLADYS	1.2 NAME	
STREET ADDRESS	3240 S.W. 139TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	VP
NAME	OROZCO, LEONEL F.	2.2 NAME	Orozco, Leonel
STREET ADDRESS	10835 SW 88TH STREET APT 215	2.3 STREET ADDRESS	3240 S.W. 139 Avenue
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	Miami, Florida 33175
TITLE	T	3.1 TITLE	
NAME	OROZCO, BERTISABEL	3.2 NAME	
STREET ADDRESS	3240 S.W. 139TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Leonel Orozco

4/16/98

305-596-3181

CR2E034 (10/97)