**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # **P95000086036 (7)**

1. Corporation Name
**PALMETTO HOME HEALTH CARE, INC.**

THIS CORPORATION IS TEMPORARY INACTIVE.

| Principal Place of Business | Mailing Address |
|---|---|
| 4790 W 2ND AVENUE<br>HIALEAH FL 33012 | 4790 W 2ND AVENUE<br>HIALEAH FL 33012 |

3. Date Incorporated or Qualified: 11/07/1995
3a. Date of Last Report:

2. Principal Place of Business
21 Suite, Apt. #, etc: 11117W Okeechobee Rd
22 Suite, Apt. #, etc: 116
23 City & State: Hialeah Garden FL.
24 Zip: 33016 25 Country: USA

2a. Mailing Address
26 Suite, Apt. #, etc: 11117 W. Okeechobee Rd.
27 Suite, Apt. #, etc: 116
28 City & State: Hialeah Gardens, FL.
29 Zip: 33016 30 Country: USA

4. FEI Number: ¢ 65-0625340 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ACOSTA, OFELIA
4790 W 2ND AVENUE
HIALEAH FL 33012

10. Name and Address of New Registered Agent
81 Name: ACOSTA , OFELIA
82 Street Address (P.O. Box Number is Not Acceptable): 4790 W. 2nd. Avenue
83 Hialeah, Fl 33012
84 City: 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registered agent) DATE _____
Signature, type or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PSD<br>FERNANDEZ, MARY<br>26105 SW 202 AVE<br>MIAMFI FL 33030 | XX DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | XX Change XX Addition<br>PSD<br>MIRANDA ALFREDO R.<br>26105 S.W. 202 Avenue<br>HOMESTEAD, FLORIDA 33030 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VTD<br>ACOSTA, OFELIA<br>4790 W 2ND AVENUE<br>HIALEAH FL 33012 | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** ACOSTA OFELIA VTD & MIRANDA ALFREDO R PSD (305) 285-6166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 2/15/96 (305) 827-9711