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

APPROVED AND FILED
96 AUG 26 AM 6:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000091333 (1)

1. Corporation Name
CARESOUTH HOMECARE INC.

Principal Place of Business
10331 SW 211TH ST
MIAMI FL 33189

Mailing Address
10331 SW 211TH ST
MIAMI FL 33189

3. Date Incorporated or Qualified: 11/29/1995
3a. Date of Last Report:

2. Principal Place of Business
21 7200 N.W. 19 Street
22 Suite, Apt. #, etc.: Suite 511
23 City & State: Miami, Florida
24 Zip: 33126
25 Country: USA

2a. Mailing Address
26 7200 N.W. 19 Street
27 Suite, Apt. #, etc.: Suite 511
28 City & State: Miami, Florida
29 Zip: 33126
30 Country: USA

4. FEI Number: 65-0618473 — 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
SILVERIO, MARCOS
10331 SW 211TH ST
MIAMI FL 33189

10. Name and Address of New Registered Agent
81 Name: James V. Johnstone, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 7200 N.W. 19 Street, Suite 600
83 Miami, Florida 33126
84 City: FL
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: [signature] (NOTE: Registered Agent's signature required whenever a change) DATE: August 16, 1996

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SILVERIO, MARCOS	
STREET ADDRESS	10331 SW 211TH ST	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	D	XX DELETE
NAME	RODRIQUEZ, LAZARO	
STREET ADDRESS	10331 SW 211TH ST	
CITY-ST-ZIP	MIAMI FL 33189	
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	D	X Change ☐ Addition
1.2 NAME	Marcos Silverio	
1.3 STREET ADDRESS	7200 N.W. 19 Street, SUite 511	
1.4 CITY-ST-ZIP	Miami, Florida 33126	
2.1 TITLE	D	☐ Change X Addition
2.2 NAME	Jose Miguel Cruz-Peraza	
2.3 STREET ADDRESS	7200 N.W. 19 Street, Suite 511	
2.4 CITY-ST-ZIP	Miami, Florida 33126	
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		

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****225.00 ****225.00

AM 8/26

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 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] 6/12/96 (305) 471-8183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #
Marcos Silverio, Director

CR2E034 (3/96)