

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

FILED

Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000091333 (1)

1. Corporation Name
CARESOUTH HOMECARE INC.



Principal Place of Business

7200 N.W. 19 STREET
SUITE 511
MIAMI FL 33126

Mailing Address

7200 N.W. 19 STREET
SUITE 511
MIAMI FL 33126-1214

3. Date Incorporated or Qualified
11/29/1995

3a. Date of Last Report
08/26/1996

2. Principal Place of Business

21 7200 n.w. 19 street

2a. Mailing Address

26 7200 n.w. 19 street

Suite, Apt. #, etc.

22 610

Suite, Apt. #, etc.

27 610

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33126

Country

25 USA

Zip

29 33126

Country

30 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

JOHNSTONE, JAMES V ESQ
7200 N.W. 19 STREET
SUITE 600
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
Johnstone, James V Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
7200 N.W. 19 Street
83 Suite 610
84 City
Miami FL 85 Zip Code
33126

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 *James V. Johnston*

(NOTE: Registered Agent signature required when reinstating)

March 12, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SILVERIO, MARCOS	
STREET ADDRESS	7200 N.W. 19 STREET, SUITE 511	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRUZ-PERAZA, JOSE M	
STREET ADDRESS	7200 N.W. 19 STREET, SUITE 511	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cruz-Peraza, Jose M
2.3 STREET ADDRESS	7200 n.w. 19 street, suite 610
2.4 CITY - ST - ZIP	MIAMI, FL 33126
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 unchanged, or on an attachment with an address.

SIGNATURE *James V. Johnston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 305 9943250
Date Daytime Phone #

CR2E034 (9/96)