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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091333 (1)
1. Corporation Name

## FILED May 01 1998 8:00am Secretary of State

CARESOUTH HOMECARE INC.						
Principal Place of Business	Mailing Address	<del> </del>				
į · · ·						
7200 N.W. 19 STreet 7200 N.W. 19 STreet						
Suite 110 Suite 110			DO NOT WRITE IN THIS SPACE			
Miami, Florida 33126 Miami, Florida 33126			3. Date Incorporated or Qualified 11/29/1995			
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21 7200 N.W. 19 Street	26 7200 N.W.	. 19	Street	65-0618473	Not Applicable	
Suite Apt W. etc 22 Suite 110				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State				8. Election Campaign Financing	\$5.00 May Be	
23 Miami, Florida 28 Miami, Flori			a Trust Fund Contribution			
Zip Country	Zip	Conu	try	8. This corporation owes or has paid the		
24 33126 25 USA	29 33126	30	<u>USA</u>	Personal Property Tax due June 30.	☐ Yes ☐ No	
9. Name and Address of Curren	Registered Agent		MI Name	10. Name and Address of New Registere	ed Agent	
61 Taman XX - 72 bu mhana - 72 and 1			Name	ame		
7200 N.W. 19 Street			Street Address (P.O. Box Number is Not Acceptable)			
Suite 110			13	•		
Miami, Florida 33126			14 City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607 0502	and 607.1508. Florida Statut	es, the abo	ve-named corp	poration submits this statement for the purpose	of changing its registered	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation	of Florida, Such change was i tions of Section 607.0505, Fl	authorized orida Statut	by the corporal es	ion's board of directors. I hereby accept the a	ppointment as registered	
SIGNATURE   Signature: typed or printed name of registered ager	laud the Jacobraho AkO	E Boarleyad	Agent signature requir	ed when reinstating) DATE		
12. OFFICERS AND		13.	dent signatore redo-	ADDITIONS/CHANGES TO OFFICERS A		
TITLE D	☐ DELETE	11 TITL	1		☐ Change ☐ Addition	
NAME Cruz-Peraza, Jo.	se M.	1 2 NAV	ıε			
	<b>_</b>					
CHY STOR   Miami, Florida	33126	1 4 CITY	- S1 · Z#P		† :	
TITLE	☐ DELETE	2 1 TITL			☐ Change ☐ Addition	
NAME		2 2 NAW	ŧ			
STREET ADDRESS		2 3 STR	ET ADDRESS			
CITY-S1-ZIP		2 4 011	(: \$T-ZIP			
RITLE	DELETE	3 1 7176			☐ Change ☐ Addition	
NAME		3.2 NAM	E			
STREET ADDRESS		33 STRE	ET ADDRESS		Ì	
C(TY-ST-ZIP			· ST - ZIP	- <del></del>		
TITLE	DELETE	41 TITLE			Change Addition	
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STREET ADDRESS		4.3 STRE	ET ADDRESS		, ,	
CITY-ST-ZIP		44 CITY			//	
TITLE	DELETE T	5 1 1171	ĺ		I Shange L Addition	
NAME		5 2 NAM				
STREET ADDRESS			ET ADDRESS	<u> </u>		
CRY-ST-ZIP	☐ DELETE	5 4 CITY		05/04/98 - 01069	3594/	
TITLE	L Veter	61 11116		***150.00	1-195 Julies 11 Addition	
NAME		6.2 NAM	1		ļ	
STREET ADDRESS		1	ET ADDRESS			
14. I hereby certify that the information supplied with	h this filing does not qualify to	64 City	ntinostated in	Section 119 07/3Vi) Florida Statutas I further	certify that the information	
Indicated on this annual reportfor supplemental officer or director of the corporation or the receip Block 12 or Block 13 if changed, or op an attack	annual report is true and acc	te and	hat my signatur s report as requ	re shall have the same legal effect as if made pired by Chapter 607, Florida Statutes; and the	under oath, that I am an at my name appears in	

SIGNATURE

MANATURE AND TYPED TO PRINTED NAME OF PROPING OFFICE OF ON OR OTHER CONTINUES OF THE PROPINCE OF THE PROPINCE

428/98 (305)640-0470

CR2E034 (10/97)