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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000059822 (2)

## FILED Mar 05 1998 8:00am Secretary of State

MIAMI DADE HOME HEALTH AGENCY, INC.									
Principal Plac	ce of Business	Mailing Address				-			
80 S.W. 8TH STREET 80 S.W. 8TH STREET SUITE 2300 SUITE 2300									
MIAMI FL :	33130	MIAMI FL 33130				DO NOT WRIT		SPACE	
						3. Date Incorporated or Qualified 07/17/1996			
	2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Aŗ	pplied For
21 26						65-0680716			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc 27						5. Certificate of Status Desired			Additional equired
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country 30			8. This corporation owes or has paid the current year Intangible			
24	25 29 9. Name and Address of Current Registered Agent					Personal Property Tax due June 30. Yes No			
	·····	Hegistered Agent		81	Name	10. Name and Address of New R	agistered	Agent	
GOLDNER, SOLOMON									
80 S.W. 8TH ST.			Į:	82 :	Street Addre	et Address (P.O. Box Number is Not Acceptable)			
23RD FLOOR MIAMI FL 33130				83				<del></del>	
, n	NIAMI EL 33130		L						
			1	84	City		FL	<b>85</b> Zip (	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the ab	ove-r	named corpo	pration submits this statement for the	DUCDOSA C	of changing it	ts registered
office or a	registered agent, or both, in the State of the familiar with, and accept the obligation	of Florida, Such change was	authorized	l by th	he corporation	on's board of directors. I hereby acce	pt the ap	pointment as	registered
SIGNATURE	and the state of t		0.100						
SIGNATURE	Signature typed or printed name of registered agon	t and title if applicable (NO	F Registered	Agent :	signature require	d when reinstaling)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	D DELETE			1.1 TITLE				L Change	Addition
NAME BURDETTE, WILLIAM R STREET ADDRESS 80 S.W. 8TH ST.			1.2 NAME						
STREET ADDRESS			1.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	MIAMI FL 33130 CD	DELETE	1.4 CITY - ST - ZIP		ZIP	<u> </u>		☐ Change	Addition
NAME	GOLDNER, SOLOMON		2.1 TITLE 2.2 NAME					□ thange	LI ROUIDON LI
STREET ADDRESS	80 S.W. 8TH STREET, 23RD	ELOOD STE 2200	2.3 STR		NODERC .				
CITY-ST-ZIP	44444 51 00400				- 1				
TITLE	VCD SOLETE			2. 4 CITY-ST-ZIP 3.1 TITLE		<u> </u>		Change	Addition
NAME	WEISS, HOWARD			3.2 NAME				- <del></del>	
STREET ADDRESS	AS A MILL STOPET ASSOCIATION ATT ASSA			3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33130			Y-S1-					ŀ
TITLE	D DELETE			4.1 TITLE				Change	☐ Addition
NAME	FOGELMAN, SAM		4. 2 NA	4. 2 NAME					
STREET ADDRESS			4.3 STR	4.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33130		4.4 CITY	4.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	5.1 TITL					Change	Addition
NAME	GORT, WIFREDO		5.2 NAM	5.2 NAME					
STREET ADDRESS			5.3 STRI	5.3 STREET ADDRESS					]
CITY-ST-ZIP	MIAMI FL 33130	T 55: 55-	5.4 CITY		ZIP			-T-1 -	
TITLE	DELETE DELETE			6.1 TITLE				L Change	Addition
NAME	PEREZ, JOE			6.2 NAME					
STREET ADDRESS	SALASI PL GOLGO			6.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33130		6.4 CITY	r-ST-Z	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 by 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 port 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: SOLOHON GOLANER

2/17/98

305-810-2100