

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

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90007 019 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P97000001384

1. Corporation Name

ANGEL-CARE HOME HEALTH AGENCY, INC.

Principal Place of Business

2754 West Atlantic Blvd. Ste6  
Pompano Beach, FL 33068

Mailing Address

2754 W Atlantic Blvd.Ste6  
Pompano Beach, FL 33068



\* 5 597231 7-90007 - 3 19 1 \*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/07/1997

2. Principal Place of Business

2a. Mailing Address

21 4851 N.W. 103 Ave

26 4851 N.W. 103 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 55-E

27 55-E

City & State

City & State

23 SUNRISE, FL

28 SUNRISE, FL

Zip

Zip

24 33351

Country

Country

25 USA

29 33351

Country

30 USA

4. FEI Number

65-0716002

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEINER, INKA  
5224 NW 97TH TERRACE  
SUNRISE, FL 33351

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME WEINER, INKA  
STREET ADDRESS 5224 NW 94th TERRACE  
CITY-ST-ZIP SUNRISE, FL 33351

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME BRICE, MAUREEN  
STREET ADDRESS 8511 NW 44 CT  
CITY-ST-ZIP LAUDERHILL FL 33351

2.1 TITLE DIRECTOR ☐ Change ☒ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE VP/DIRECTOR ☐ Change ☒ Addition

3.2 NAME NICKETTE JEAN-PIERRE  
3.3 STREET ADDRESS 9932 NW 46 CT  
3.4 CITY-ST-ZIP SUNRISE, FL 33351

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 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, with all other like empowered.

SIGNATURE:

*Maureen Brice*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.16.99

Date

954 747 6198

Daytime Phone #

CR2E034 (11/98)

P97000001384  
597231-90007-19  
**ANGEL-CARE HOME HEALTH AGENCY, INC.**  
4851 N.W. 103rd Avenue • Suite 55-E • Sunrise, FL 33351

July 16, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: ANGEL-CARE HOME HEALTH AGENCY, INC.  
P97000001384  
LETTER OF EXPLANATION

In accordance with my conversation with your office, enclosed please find a 1999 Profit Corporation Annual Report for the above named corporation along with a check for \$150.00.

During my phone conversation with your office, it was discovered that the address for the principal place and mailing address was incorrect at the time of mailing and the 1999 form was never received. The error was discovered when our accountant reviewed our books and records for the first six months of 1999 and did not find a check to the Division of Corporations.

Thank you for your consideration of this matter and for accepting our check for \$150.00 as payment and full.

Sincerely,



Maureen Brice  
Corporate Secretary