## 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 #

1. Corporation Name P97000076910 (3)

VIRGY HOME HEALTH CARE, INC.

Principal Place of Business Mailing Address

**FILED** Feb 12 1998 8:00am Secretary of State



Suite, Apt. #, etc.  27  City & State  City & State  28  Country  Country  Country  Country  5. Certificate of Status Desired  Fee Required  Suite, Apt. #, etc.  Fee Required  Fee Requ
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. File Number 3. Suite, Apt. #, etc. 3. Suite, Apt. #
2. Principal Piace of Business
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Scortificate of Status Desired   \$8.75 Additional Fee Required
22   27   27   27   27   28   28   29   29   29   20   29   20   20   20
City & State    City & State   City & State   City & State   Country   Country   Country   Added to Fees   Added to Fees   Added to Fees
20   20   30   30   30   30   30   30
RIVERO, REMBERTO J 215 S.W. 17TH AVE., STE. 308 MIAMI FL 33135  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip Code  85 Address (P.O. Box Number is Not Acceptable)  86 Address (P.O. Box Number is Not Acceptable)  87 Address (P.O. Box Number is Not Acceptable)  88 Address (P.O. Box Number is Not Acceptable)  89 Address (P.O. Box Number is Not Acceptable)  89 Address (P.O. Box Number is Not Acceptable)  80 Address (P.O. Box Number is Not Acceptable)  80 Address (P.O. Box Number is Not Acceptable)  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Address (P.O. Box Number is Not Acceptable)  84 City   FL   85 Zip Code  85 Zip Code  85 Address (P.O. Box Number is Not Acceptable)  85 Address (P.O. Box Number is Not Acceptable)  86 Address (P.O. Box Number is Not Acceptable)  87 Address (P.O. Box Number is Not Acceptable)  88 Address (P.O. Box Number is Not Acceptable)  89 Address (P.O. Box Number is Not Acceptable)  89 Address (P.O. Box Number is Not Acceptable)  80 Address (P.O. Box Number is Not Acceptable)  80 Address (P.O. Box Number is Not Acceptable)  81 Address (P.O. Box Number is Not Acceptable)  81 Address (P.O. Box Number is Not Acceptable)  82 Address (P.O. Box Number is Not Acceptable)  84 City   FL   85 Zip Code  85 Zip Code  85 Zip Code  86 Zip Code  86 Zip Code  86 Zip Code  87 Address (P.O. Box Number is Not Acceptable)  88 Zip Code  89 Address (P.O. Box Number is Not Acceptable)  89 Address (P.O. Box Number is Not Acceptable)  89 Address (P.O. Box Number is Not Acceptable)  80 Address (P.O. Box Number is Not Acceptable)  80 Address (P.O. Box Number is Not Acceptable)  81 Address (P.O. Box Number is Not Acceptable)  81 Address (P.O. Box Number is Not Acceptable)  81 Address (P.O. Box Number is Not Acceptable)  82 Address (P.O. Box Number is Not Acceptable)  82 Address (P.O. Box Number is Not Acceptable)  84 City   FL   Street Address (P.O. Box Number is Not Acceptable)  85 Address (P.O. Box Number is Not Acceptable)  86 Address (P.O. Box Nu
RIVERO, REMBERTO J 215 S.W. 17TH AVE., STE. 308 MIAMI FL 33135  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  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 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 and factor and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature: typed or private name of impostroid agent and fact it applicable. (NOTE Registered Agent agenture required when remaining).  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP  Change Addition  Addition  INTERIADRESS  CITY-SI-ZIP  INTERIADRESS  CITY-SI-ZIP  INTERIADRESS  CITY-SI-ZIP  INTERIADRESS  CITY-SI-ZIP  DELETE  3.1 III.E  Change Addition  Addition  STREET ADDRESS  CITY-SI-ZIP  STREET ADDRESS  CITY-SI-ZIP  AMME  STREET ADDRESS
2 IS S.W. 17TH AVE., STE. 308 MIAMI FL 33135  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 Statutos, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607,0502 and 607,1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered of agent at lam familiar with, and accept the obligations of, Section 607,0505 (Provided Statutos). Thereby accept the appointment as registered agent, and after the purpose of changing its registered of agent at lam familiar with, and accept the obligations of, Section 607,0505 (Provided Statutos). Thereby accept the appointment as registered agent, and the appointment as registered agent. I am familiar with, and accept the obligation of 50,0505, Florida Statutos.  SIGNATURE  Signature typed or privad name of impelicidal agent and title of applicable (NOTE Registered Agent algorithme required when remaining)  DATE  12. OFFICERS AND DIRECTORS 112  TITLE  DP  TITLE  DP  TITLE  DP  TITLE  DP  TITLE  DELETE  1.1 ITLE  Change  Addition  Addition  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 ITLE  Change  Addition  NAME  SIREET ADDRESS  SIREET ADDRESS
MIAMI FL 33135  83  64 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 in an familiar with, and eccept the obligations of, Section 607 0505, Florida Statules  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PRIVERO, REMBERTO J  12. NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33182  DELETE  13. STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  21. TITLE  DELETE  31. TITLE  Addition  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31. TITLE  Addition  Addition  Addition  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31. TITLE  Addition  Addition  Addition  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31. TITLE  Addition  Change  Addition  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31. TITLE  Addition  Change  Addition
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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or privad name of mystorida agent and tale of applicable (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS IN 12  TITLE DP
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE DP DELETE 1.1 TITLE  NAME RIVERO, REMBERTO J 1.2 NAME  STREET ADDRESS (CITY-ST-ZIP) DELETE 2.1 TITLE  NAME STREET ADDRESS (CITY-ST-ZIP) DELETE 2.1 TITLE  NAME STREET ADDRESS (CITY-ST-ZIP) DELETE 2.1 TITLE  NAME STREET ADDRESS (CITY-ST-ZIP) DELETE 2.1 TITLE  STREET ADDRESS (CITY-ST-ZIP) DELETE 2.1 TITLE  STREET ADDRESS (CITY-ST-ZIP) DELETE 3.1 TITLE (Change Addition ADDRESS (CITY-ST-ZIP) DELETE 3.1 TITLE (CHANGE ADDRESS (CITY-ST-ZIP) DELETE 3.1 TITLE
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TITLE DELETE 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 53 STREET ADDRESS
CITY-ST-ZIP
NAME         62 NAME         90002429589           STREET ADDRESS         -02/13/9801004033
CITY-ST-ZIP ***150.00

14. I hereby certify that the information supplied with this filing does not or alify for the examption 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 used 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 impowered 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 a address.