

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000096002 (5)

1. Corporation Name

FLORIDIAN HOME CARE OF HIALEAH, INC.

Principal Place of Business

Mailing Address

1579 West 60TH St
Hialeah, Fl. 33012

1579 West 60TH Street
Hialeah Fl. 33012

2. Principal Place of Business

2a. Mailing Address

21 1579 W. 60TH
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Hialeah, Fl. 33012

28 City & State

24 33012

25 Dade

29

30

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEE Number 11/10/1997

Applied For
Not Applicable

65-0792973

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

10. Name and Address of New Registered Agent

ELIA R. MURIAS

16392 Stone Haven Rd.

Miami Lakes Fl. 33014

81 Name

ALEXANDER CONTRERAS

82

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

83

1579 West 60 St.

84

City Hialeah, Fl.

FL

85

Zip Code 33012

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)

5-1-99

DATE

12. OFFICERS AND DIRECTORS

11 TITLE PD
NAME ELIA R. MURIAS ☒ DELETE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

15 TITLE ☐ DELETE

16 NAME

17 STREET ADDRESS

18 CITY- ST- ZIP

19 TITLE ☐ DELETE

20 NAME

21 STREET ADDRESS

22 CITY- ST- ZIP

23 TITLE ☐ DELETE

24 NAME

25 STREET ADDRESS

26 CITY- ST- ZIP

27 TITLE ☐ DELETE

28 NAME

29 STREET ADDRESS

30 CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ Change ☐ Addition

11 TITLE PD
NAME ALEXANDER CONTRERAS

12 NAME

13 STREET ADDRESS
1579 W. 60 St Hialeah, Fl. 33012

14 CITY- ST- ZIP

15 TITLE ☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY- ST- ZIP

19 TITLE ☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY- ST- ZIP

23 TITLE ☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 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: *Alexander Contreras* 5-1-99 65-0792973

0129855

CR2E034 (11/98)

2002

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

FROM: FLORIDIAN HOME CARE OF HIALEAH, INC.
1579 W. 60th STREET
HIALEAH, FL 33012

DOC.# P97000096002

THIS LETTER IS TO INFORM YOUR OFFICE THAT I AM ENCLOSING
MY 1999 ANNUAL REPORT ALONG WITH A CHECK FOR \$150.00 US
DOLLARS. I NEVER RECEIVED MY ANNUAL REPORT FORM DUE TO A
CHANGE OF PRINCIPAL AND MAILING ADDRESS. I DO HOPE YOUR
OFFICE ACCEPTS MY APPLICATION WITH PAYMENT.
THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS
MATTER.

CORDIALLY,
ALEXANDER CONTRERAS
(PRESIDENT/DIRECTOR)