

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

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90005 002 ***550.00

DOCUMENT # P98000013769

1. Corporation Name

SUPREME HOME HEALTH CARE AGENCY, INC.

Principal Place of Business

1800 W. 49TH ST., SUITE 324-L
HIALEAH FL 33012

Mailing Address

1800 W. 49TH ST., SUITE 324-L
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1998

4. FEI Number

65-0809842

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

2. Principal Place of Business

21 951 S.W. 87 AV

2a. Mailing Address

26 951 S.W. 87 AV

Suite, Apt. #, etc.

22 Suite B

Suite, Apt. #, etc.

27 Suite B

City & State

23 Miami Florida

City & State

28 Miami Florida

Zip

24 33174

Country

25 U.S.A

Zip

29 33174

Country

30 U.S.A

9. Name and Address of Current Registered Agent

HANNAN, MARTIN L ESQ.
2525 SW 3RD AVE., SUITE 304
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name

JUAN BLANDY

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

13016 S.W. 88 TERRACE

83

84 City MIAMI

FL

85 Zip Code

33186

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.

President Secretary

(NOTE: Registered Agent signature required when resigning)

DATE

07/06/1999

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME AGUADA, FELIX A
STREET ADDRESS 1800 W. 49TH ST., SUITE 324-L
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT- SECRETARY ☒ Change ☐ Addition

1.2 NAME JUAN BLANDY
1.3 STREET ADDRESS 13016 S.W. 88 TERRACE
1.4 CITY-ST-ZIP MIAMI, FL 33186

2.1 TITLE VICE-PRESIDENT-Treasurer ☒ Change ☐ Addition

2.2 NAME MERCY GALLAGHER
2.3 STREET ADDRESS 13016 S.W. 88 TERRACE
2.4 CITY-ST-ZIP MIAMI, FL 33186

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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: *

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/1999 (305) 380-1211

Date

Daytime Phone #

CR2E034 (1/98)