FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S14834** **(3)**

1. Corporation Name
MERLYS HOME HEALTH CARE, INC.

Principal Place of Business	Mailing Address
215 SW 17 AVE STE - 209 MIAMI FL 33135 US	1050 NW 44 AVE STE - 102 MIAMI FL 33126 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1990	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0227955	☐ 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
7. This corporation has/will, for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 215 S.W. 17 AVE.	26 7414 N.W. 2 TERRA.
Suite, Apt. #, etc. 22 # 209	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FLA.	City & State 28 MIAMI, FLA
Zip / County 24 33135 / 25 U.S.A.	Zip / County 29 33126 / 30 U.S.A.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARREIROS, SANDRA 215 SW 17 AVE STE - 209 MIAMI FL 33135	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: Sandra Barreiros 04/27/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when mandatory) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	BARRIEROS, SANDRA	12 NAME	BARREIROS, SANDRA
STREET ADDRESS	1050 NW 44 AVE / STE - 102	13 STREET ADDRESS	7414 N.W. 2 TERRA
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FLA 33126
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, LAZARO	22 NAME	
STREET ADDRESS	3048 SW 16TR	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Sandra Barreiros DIRECTOR 04/27/95 (305)643-5636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Telephone Number)

0122100 CP