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**CORPORATION
ANNUAL REPORT
1995**



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

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AND
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95 MAY -1 PM 1:11

DOCUMENT # S26271 (4)

To: Corporation Name

FAMILY HOME HEALTH CARE SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **C/O S. J. LEVINE
801 ARTHUR GODFREY RD
MIAMI BEACH FL 33140
US**
Mailing Address: **C/O S.J. LEVINE
801 ARTHUR GODFREY ROAD, SUITE 222
MIAMI BEACH FL 33140**

3. Date of Incorporation or Qualification: **01/22/1991** 3a. Date of Last Report: **05/01/1994**
4. FFI Number: **65-0245091** 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 is subject to the campaign law under § 102.012, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
3. Date of Incorporation or Qualification: **22** 3a. Date of Last Report: **27**
4. FFI Number: **23** 4a. Date of Last Report: **28**
5. Certificate of Status Desired: **24** 5a. Date of Last Report: **29**
6. Election Campaign Financing Trust Fund Contribution: **30**

9. Name and Address of Current Registered Agent

**LEVINE, STANLEY JOEL ESQUIRE
801 ARTHUR GODFREY ROAD
SUITE 222
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. City: **FL** 85. Zip Code: **33140**

11. Pursuant to the provisions of Sections 607.0105 and 607.0106, 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 607.0105, Florida Statutes.

SIGNATURE:

Name of Registered Agent (Print Name and Title of Registered Agent)

Name of Registered Agent (Print Name and Title of Registered Agent)

Age

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: **PRIETO, MARICELA**
2. STREET ADDRESS: **801 41ST ST STE 222**
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