

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S34978

(4)

1. Corporation Name

SWEET CARE NURSING, INC.

Principal Place of Business

801 W. 19 STREET
SUITE 202 SUITE 215
HIALEAH FL 33012

Mailing Address

3400 CORAL WAY
SUITE 600
MIAMI FL 33145-3053

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/27/1991

3a. Date of Last Report
04/29/1994

2. Principal Place of Business

21

2a. Mailing Address

26

801 W 49 ST SUITE 215

4. FEI Number

65-0247385

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Hialeah FL 33012

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

29

8. This corporation has liability for intangible tax under §. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELENZ, ESTHER

801 W. 49 STREET

SUITE 202 SUITE 215

HIALEAH FL 33012

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DPS
MELENZ, ESTHER
801 W. 49 STREET
HIALEAH FL 33012

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/25/95

823-9125