

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 APR 17 AM 11:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S40045 (4)

1. Corporation Name

C & A HEALTH CARE, INC.

Principal Place of Business

**1802 EAST 4TH AVE
HALEAH FL 33010
US**

Mailing Address

**1802 EAST 4TH AVE
HALEAH FL 33010
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/20/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

50-3058724

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1490 W. 49th Place

2a. Mailing Address

26 1490 W. 49th Place

Suite, Apt., #, etc.

22 Suite 580

Suite, Apt., #, etc.

27 Suite 580

City & State

23 Hialeah, FL

City & State

28 Hialeah, FL

Zip

24 33012

Country

25 U.S.

Zip

29 33012

Country

30 U.S.

9. Name and Address of Current Registered Agent

**ALBA, CARIDAD
1802 EAST 4TH AVE
HALEAH FL 33010**

10. Name and Address of New Registered Agent

81 Name

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

1490 W. 49th Place

83

Suite 580

84 City

Hialeah

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	ALBA, CARIDAD	1802 EAST 4TH AVE HALEAH FL	
V	CRUZ, JESUS	742 E. 20 ST. HALEAH FL 33010	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		742 E. 20 ST. HALEAH, FL 33013		☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 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 110.07(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:

Caridad Alba
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/95
Date

System Name