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May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S52353**

(7)

1. Corporation Name  
**TOTAL CARE HOME HEALTH, INC.**

Principal Place of Business

Mailing Address

**3900 NW 79TH AVE**

**P.O. BOX 144220**

**520**

**STE 416**

**MIA FL 33166**

**CORAL GABLES FL 33114-4220**

**US**

**US**

3. Date Incorporated or Qualified

**05/14/1991**

3a. Date of Last Report

**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 **7667 N.W. 50ST**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

**Miam. FL**

28

Zip

Zip

24

**33166**

Country

29

Country

**DADE**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ESPINO, GLADYS**  
**3900 NW 79 AVE**  
**MIAMI FL 33166**

81 Name

**MARIO ESPINO**

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

**5434 N.W. 94 DORAL PLACE**

83

84 City

**Miami**

FL

85 Zip Code

**33128**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DPST	ESPINO, GLADYS	3900 NW 79 AVE	MIAMI FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PRESIDENT	SECRETARY	MARIO ESPINO	5434 N.W. 94 DORAL PLACE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0161583

CR2E034 (9/96)