

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90024 030 ***150.00

DOCUMENT # **S52353**

1. Corporation Name

TOTAL CARE HOME HEALTH, INC.

Principal Place of Business

7331 NW 66TH
MIA FL 33166
US

Mailing Address

P.O. BOX 529863
MIAMI FL 33152
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1991

4. FEI Number

65-0283441

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 owes the current year Intangible
Personal Property Tax

☐ Yes ☒ No

2. Principal Place of Business

21 **5434 N.W. 94 DORAL**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **MIAMI FL**

27 City & State

28 **MIAMI FL**

24 Zip **33178**

Country

25 **DADE**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ESPINO, MARIO
5434 NW 94 DORAL PLACE
MIAMI FL 33178

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

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

TITLE	DPST	<input checked="" type="checkbox"/> DELETE
NAME	ESPINO, GLADYS	
STREET ADDRESS	3900 NW 79 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	ESPINO, MARIO	
STREET ADDRESS	5434 NW 94 DORAL PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
2.2 NAME	D. T. ESPINO
2.3 STREET ADDRESS	5434 N.W. 94 DORAL PL
2.4 CITY-ST-ZIP	MIAMI DADE FL 33178
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/2000

3056349678