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 MAR -1 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S68Z6M

1. Corporation Name: CRF Homecare, Inc.
9520 SW 40 ST, # 211
Miami, FL. 33165

Principal Place of Business	Mailing Address
3900 NW 79 Ave. #511 Miami, FL. 33166	3900 NW 79 AUE #511 Miami, FL. 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/91
3a. Date of Last Report: Jan. 1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0274016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X $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

9. Name and Address of Current Registered Agent

Gloria Jane
13461 SW 25 ST.
Miami, FL. 33175

10. Name and Address of New Registered Agent

81 Name: Mario A. Espino Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 5030 NW 93 Doral Place
83
84 City: Miami FL 85 Zip Code: 33178

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: X [signature] President (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 2/20/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Gloria Jane President	1.1 TITLE	President ☒ Change ☐ Addition
NAME		1.2 NAME	Mario A. Espino
STREET ADDRESS	13461 SW 25 ST.	1.3 STREET ADDRESS	5030 NW 93 Doral Place
CITY-ST-ZIP	Miami, FL 33175	1.4 CITY-ST-ZIP	Miami, FL
TITLE	Vice-President	2.1 TITLE	☐ Change ☐ Addition
NAME	Rosa Cruz	2.2 NAME	
STREET ADDRESS	5006 Collins Ave. Apt. 902	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL. 33140	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	500001420538 ☐ Addition
NAME		3.2 NAME	-03/03/95--01041--013
STREET ADDRESS		3.3 STREET ADDRESS	****208.75 ****208.75
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: X [signature] Mario A. Espino 2/20/95 (305) 591-7771
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #