

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Mottman
Secretary
3150 WASHINGTON AVENUE, S.W.

**APPROVED
AND
FILED**

DOCUMENT # **S84107** (9)

ST. SOPHIA HOME HEALTH SERVICES INC.

95 MAY -1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 782 NW LEJUNE RD
SUITE 334
MIAMI FL 33126

Mailing Address: 1545 MILLER RD
CORAL GABLES FL 33146

DO NOT WRITE IN THESE SPACES

3. Filing Date of Report: 10/02/1991
3a. State of First Report: 08/25/1994

2. Principal Place of Business:
21. 3191 CORAL WAY, SUITE 631
MIAMI FL 33145

22. 631

23. MIAMI FL

24. 33145 25. DAVE 29. 30.

4. Filing Number: 65-0304598
Approved For: [Blank]

5. Certificate of Status Fees: \$8.75 Additional Fee Required

6. Election Campaign Expenses: \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
ALVAREZ, ANTONIO A.
4861 S.W. 5TH TERRACE
MIAMI FL 33134

10. Name and Address of New Registered Agent
B1 Name: [Blank]
B2 Street Address: [Blank]
B3 [Blank]
B4 City: [Blank] FL B5 Zip Code: [Blank]

11. I, the undersigned, certify that the information furnished and contained herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida and a citizen of the United States.

12. OFFICERS AND DIRECTORS	13. ALTERNATE REGISTRARS
P ALVAREZ, ANTONIO A 1545 MILLER RD. CORAL GABLES FL 33146 VD SUAREZ, ALICIA 1545 MILLER RD. CORAL GABLES FL 33146	[Blank] Change [Blank] Add New [Blank] Change [Blank] Add New [Blank] Change [Blank] Add New [Blank] Change [Blank] Add New [Blank] Change [Blank] Add New [Blank] Change [Blank] Add New [Blank] Change [Blank] Add New [Blank] Change [Blank] Add New [Blank] Change [Blank] Add New [Blank] Change [Blank] Add New [Blank] Change [Blank] Add New [Blank] Change [Blank] Add New

14. I, the undersigned, certify that the information furnished and contained herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida and a citizen of the United States.

SIGNATURE:
ANTONIO A. ALVAREZ, PRESIDENT
SIGNATURE AND PRINTED NAME OF DIRECTOR OR OFFICER

4/26/95 (309) 331-7719 (205) 666-7314