

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Murrain
Secretary, Florida
Division of Corporations, Inc.

APPROVED
AND
FILED

DOCUMENT # **S84107** (9)

ST. SOPHIA HOME HEALTH SERVICES INC.

95 MAY -1 AM 9: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Business: 782 NW LEJEUNE RD SUITE 334 MIAMI FL 33126

Meeting Address: 1545 MILLER RD CORAL GABLES FL 33146

DO NOT WRITE IN THESE SPACES

3. Effective Date of Filing	3a. Date of Last Report
10/02/1991	08/25/1994
4. FIC Number	Approved For
65-0304598	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Expenses	\$5.00 May Be Added to Fees
B. The corporation's responsibility for statement fees under the Florida Statute	

2. Principal Office of Business	2a. Meeting Address
21. 3191 CORAL WAY, SUITE 631 MIAMI FL 33145	26. 1545 MILLER RD CORAL GABLES FL 33146
22. 631	27. 631
23. MIAMI FL	28. MIAMI FL
24. 33145	25. DAVE
29. 29	30. 30

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	
B2. Street Address	
B3. City	
B4. State	FL
B5. Zip Code	

11. I, the undersigned, the president of each corporation, or the officer of the corporation authorized to execute this statement for the purpose of changing its registered office, do hereby certify that the information furnished in this statement is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes, Chapter 607, regarding the filing of this statement, and that the corporation is in compliance with the provisions of the Florida Statutes, Chapter 607, regarding the filing of this statement.

12. OFFICERS AND DIRECTORS	13. ALTERNATE REGISTRARS
<p>P ALVAREZ, ANTONIO A 1545 MILLER RD. CORAL GABLES FL 33146</p> <p>VD SUAREZ, ALICIA 1545 MILLER RD. CORAL GABLES FL 33146</p>	<p>Change Add</p> <p>Change Add</p> <p>Change Add</p> <p>Change Add</p> <p>Change Add</p> <p>Change Add</p> <p>Change Add</p> <p>Change Add</p> <p>Change Add</p> <p>Change Add</p> <p>Change Add</p> <p>Change Add</p> <p>Change Add</p> <p>Change Add</p>

14. The filer hereby certifies that the information supplied with this filing complies with the requirements of the Florida Statutes, Chapter 607, regarding the filing of this statement, and that the corporation is in compliance with the provisions of the Florida Statutes, Chapter 607, regarding the filing of this statement.

SIGNATURE: ANTONIO A ALVAREZ, PRESIDENT

SIGNATURE AND PRINTED NAME OF DIRECTOR OR OFFICER

4/26/95 (309) 331-7719 (305) 666-7314