

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # S84107 (9)**

1. Corporation Name  
**ST. SOPHIA HOME HEALTH SERVICES INC.**



Principal Place of Business Mailing Address  
**3191 CORAL WAY SUITE 631 MIAMI FL 33145 US**  
**1545 MILLER RD CORAL GABLES FL 33146**

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

3. Date Incorporated or Qualified **10/02/1991** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **65-0304598** 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 has liability for intangible tax under s. 199.032, Florida Statutes.  Yes  No

**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**

81 Name **ANTONIO A. ALVAREZ**  
82 Street Address (P.O. Box Number is Not Acceptable); **1545 MILLER RD**  
83 **CORAL GABLES**  
84 City **CORAL GABLES** FL 85 Zip Code **33146**

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 change of, Section 607.0509, Florida Statutes.

SIGNATURE

*[Signature]*

**3/28/96**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ALVAREZ, ANTONIO A</b>	
STREET ADDRESS	<b>1545 MILLER RD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>CHANG, MONA</del>	
STREET ADDRESS	<del>1545 MILLER RD.</del>	
CITY-ST-ZIP	<del>CORAL GABLES FL 33146</del>	
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>VD</b>
23. STREET ADDRESS	<b>ALVAREZ ALICIA A</b>
24. CITY-ST-ZIP	<b>1545 MILLER RD</b>
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	<b>300001791273</b>
44. CITY-ST-ZIP	<b>-04/23/96--01131--031</b>
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	<b>***200.00</b>
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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)(k), 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 registered business or am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if it is not an attachment with an address.

SIGNATURE:

*[Signature]* **ANTONIO A. ALVAREZ, PRESIDENT.**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/19/96 (305) 666-7374**  
DATE AND PHONE NUMBER

CR2E034 (12/95)