

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 06 1997 8:00 am  
Secretary of State

DOCUMENT # S85781

(0)

1. Corporation Name  
TACARE HOME HEALTH AGENCY, INC.



Principal Place of Business  
14411 COMMERCE WAY  
SUITE 210  
MIAMI LAKES FL 33016

Mailing Address  
14411 COMMERCE WAY  
SUITE 210  
MIAMI LAKES FL 33016-1598

3. Date Incorporated or Qualified  
10/08/1991

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 2400 W. 84th St.

2a. Mailing Address  
26 2400 W. 84th St.

4. FEI Number  
65-0309527

Applied For  
Not Applicable

22 Suite # 15

27 Suite # 15

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

23 HIALEAH, FL.

28 HIALEAH, FL.

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33016

29 33016

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
CAMPOS, THOMAS A.  
14241 ARDOCH PL.  
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 DPT  
NAME CAMPOS, THOMAS A.  
STREET ADDRESS 14411 COMMERCE WAY #210  
CITY-ST-ZIP MIAMI LAKES FL  
TITLE DVS  
NAME CAMPOS, LOURDES  
STREET ADDRESS 14411 COMMERCE WAY#210  
CITY-ST-ZIP MIAMI LAKES FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Thomas A. Campos 1/10/97 305-364-9090

CR2E034 (9/96)