

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # S85781

1. Entity Name
TACARE HOME HEALTH AGENCY, INC.



Principal Place of Business
2400 W. 84TH ST
SUITE #15
HIALEAH, FL 33016 US

Mailing Address
2400 W. 84TH ST
SUITE #15
HIALEAH, FL 33016 US

DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number
85-0309527

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPOS, CARMEN M.
2400 W. 84TH STREET
STE. 15
HIALEAH, FL 33016

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IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVTS
CAMPOS, CARMEN M
2400 W 84 ST STE 15
HIALEAH, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMPOS, CARMEN M
2400 W 84 ST STE 15
HIALEAH, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMPOS, THOMAS A
2400 W 8TH ST STE 15
HIALEAH, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMPOS, LOURDES
2400 W 8TH ST STE 15
HIALEAH, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carmen M. Campos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05

Date

(305) 364-9090

Daytime Phone #