2-3-95 P-830-C

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

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 9:02

DOCUMENT # S93379 (3)

1. Corporation Name
SWAN HOME HEALTH CARE SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2455 SW 27TH AVE<br>STE. 200<br>MIAMI FL 33145<br>US | 2455 SW 27TH AVE.<br>STE. 200<br>MIAMI FL 33145<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/08/1991
3a. Date of Last Report: 05/24/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
4. FEI Number: 65-0296691 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23) | City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25) | Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

GONZALEZ, JUAN
2455 SW 27TH AVE.
STE. 200
MIAMI FL 33145

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when manually signed)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | ~~VP~~ | 1.1 TITLE | President | ☒ Change ☐ Addition |
| NAME | ~~GONZALEZ, MIAMI 9911 SW~~ | 1.2 NAME | GONZALEZ, JUAN | |
| STREET ADDRESS | ~~9911 SW 150TH CT.~~ | 1.3 STREET ADDRESS | 1711 SW 99 Ave. | |
| CITY-ST-ZIP | ~~MIAMI FL~~ | 1.4 CITY-ST-ZIP | Miami, Florida 33165 | |
| TITLE | ~~VP~~ | 2.1 TITLE | Vice-President | ☐ Change ☒ Addition |
| NAME | ~~GONZALEZ, JUAN~~ | 2.2 NAME | FABIOLA GARCIA | |
| STREET ADDRESS | ~~9911 SW 150TH CT~~ | 2.3 STREET ADDRESS | 9150 Fontainebleau Blvd, Apt.204 | |
| CITY-ST-ZIP | ~~MIAMI FL~~ | 2.4 CITY-ST-ZIP | Miami, Florida 33172 | |
| TITLE | | 3.1 TITLE | Secretary | ☐ Change ☒ Addition |
| NAME | | 3.2 NAME | Xiomara Pomo | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 1711 SW 99 Ave. | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Miami, Florida 33165 | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 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)(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:** [signature] 1/30/95 305-959-9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0150415 CP