

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:12

DOCUMENT # V00938

(3)

1. Corporation Name

HOME CARE RECOVERY, INC.

Principal Place of Business

2100 W. 76TH STREET
STE 300
HALEAH FL 33016
US

Mailing Address

2100 W. 76TH STREET
STE 300
HALEAH FL 33016
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/18/1991

3a. Date of Last Report

03/30/1994

4. FEI Number

65-0304930

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRANZ, WILLIAM P
15825 SW 83RD CT
MIAMI FL 33157

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

William P. Cranz Chairman

(Signature, typed or printed name of registered agent and the agent)

(NOTE: Registered Agent signature required when reinstating)

1/26/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME CRANZ, WILLIAM P.
STREET ADDRESS 15825 SW 83RD COURT
CITY-ST-ZIP MIAMI FL 33157

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P
NAME GARCIA, NATACHA M
STREET ADDRESS 4362 SW 145 AVE
CITY-ST-ZIP MIAMI FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME SUAREZ, ELIZABETH M
STREET ADDRESS 1750 W 46TH STREET #414
CITY-ST-ZIP HIALEAH FL 33012

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the laws of the State of Florida. I further certify that the information included 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. I am an officer or director of this corporation, the receiver or liquidator of this corporation, or the person responsible for the preparation of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on a subsequent filing with an address.

SIGNATURE:

William P. Cranz

WILLIAM P. CRANZ

(Signature and typed or printed name of reporting officer or director)

1/26/95

(305) 826-9110

(Typed Name)