

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V10447** (3)

1. Corporation Name

LIBERTY HOME CARE, INC.



Principal Place of Business

Mailing Address

~~XXXXXXXXXX~~
MIAMI FL 33175

2805 SW 129 AVE.
MIAMI FL 33175

2. Principal Place of Business

2a. Mailing Address

21 6850 Coral Way

26 6850 Coral Way

22 Suite, Apt. #, etc.
Suite #205

27 Suite, Apt. #, etc.
Suite #205

23 City & State
Miami, Florida

28 City & State
Miami, Florida

24 Zip Country
33155 Dade

29 Zip Country
33155 Dade

3. Date Incorporated or Qualified

01/29/1992

3a. Date of Last Report

01/27/1995

4. FEI Number

65-0311788

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

10. Name and Address of New Registered Agent

CAMPORINO, HUMBERTO
2805 SW 129 AVE.
MIAMI FL 33175

81 Name

Zeolida Milian

82 Street Address (P.O. Box Number is Not Acceptable)

2566 W. 73rd Place

83

84 City

Hialeah

FL

85 Zip Code

33016

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 **Zeolida Milian**

04/11/96

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

(NOTE: Registered Agent: signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	CAMPORINO, HUMBERTO	
STREET ADDRESS	6850 CORAL WAY 400	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	CAMPORINO, ADA	
STREET ADDRESS	6850 CORAL WAY STE 400	
CITY-ST-ZIP	MIAMI FL 33155	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Zeolida Milian	
1.3 STREET ADDRESS	2566 W. 73rd Place	
1.4 CITY-ST-ZIP	Hialeah, Florida 33016	
2.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alicia M. Sanchez	
2.3 STREET ADDRESS	2566 W. 73rd Place	
2.4 CITY-ST-ZIP	Hialeah, Florida 33016	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

Date

(305) 667-5899

Daytime Phone #

CR2E034 (12/95)