

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V15838** (8)

1. Corporation Name

LOVING CARE HEALTH AGENCY, INC.

Principal Place of Business

Mailing Address

**6175 NW 153 ST
SUITE 212
MIAMI LAKES FL 33014
US**

**6175 NW 153 ST
SUITE 212
MIAMI LAKES FL 33014
US**

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

9. Name and Address of Current Registered Agent

**VILLAZAN, ALEIDA
6175 NW 153 ST
SUITE 212
MIAMI LAKES FL 33014**

3. Date Incorporated or Qualified
02/21/1992

3a. Date of Last Report
06/16/1995

4. FEI Number

65-0315151

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

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

Aleida Villazan

(NOTE: Register

3-7-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **VTS
VILLAZAN, ALEIDA**
STREET ADDRESS **6175 NW 153 ST, SUITE 212**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE ☐ DELETE

NAME **P
ENA, ELIZABETH**
STREET ADDRESS **6175 NW 153RD ST STE 212**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE ☐ DELETE

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CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certifies that the information indicated on this annual report or supplemental annual report is true and accurate; 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 as an attachment with an address.

SIGNATURE:

Aleida Villazan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. ☐ Change ☐ Addition

12. TITLE

13. NAME

14. STREET ADDRESS

15. CITY-ST-ZIP

16. TITLE

17. NAME

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