

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morthland
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country

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

9. Name and Address of Current Registered Agent

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

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. I hereby accept the appointment as registered agent. I am

SIGNATURE: *Aleida Villazan*

(NOTE: Register

3-7-96

12. OFFICERS AND DIRECTORS

TITLE	VTS	<input type="checkbox"/> DELETE
NAME	VILLAZAN, ALEIDA	
STREET ADDRESS	6175 NW 153 ST, SUITE 212	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ENA, ELIZABETH	
STREET ADDRESS	6175 NW 153RD ST STE 212	
CITY-ST-ZIP	MIAMI LAKES FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 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 does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes.

SIGNATURE: *Aleida Villazan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-96

Date Day/Month/Year Phone #

CR2E034 (12/95)