SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 OCT -3 PM 4: 36 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE DOCUMENT # V15838 (8)TĂLLAĤASSEE, FLÓRIDA LOVING CARE HEALTH AGENCY, INC. Principal Place of Business Mailing Address 4315 NW 7TH ST 4315 NW 7TH ST SUITE 43 SUITE 43 DO NOT WRITE IN THIS SPACE MIAMI FL 33126 MIAMI FL 33126 3. Date Incorporated or Qualified 3a. Date of Last Report 02/21/1992 03/19/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 65-0315151 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country $Z_{\rm ID}$ This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. ☐ Yes Пио 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GARCIA, ODALYS 4315 N.W. 7TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 43** 83 MIAMI FL 33126 84 City Zip Code 85 F 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. ODALYS GARCIA Signature, typed or printed name of registr SIGNATURE registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE **PSD** 1.1 TITLE GARCIA, ODALYS 1.2 NAME 900002315589--STREE **ADDRESS** 4315 N.W. 7TH STREET, SUITE 43 1.3 STREET ADDRESS -10/08/97--01119--025 CITY-MIAMI FL 33126 1.4 CITY - ST - ZIF ****750<u>.0</u>0 DELE IE TITLE 21 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 3.4. CITY- \$1 - ZIP DELETE TITLE 4.1 TITLE REINSTATEMEN NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY- \$1-7IP CITY-ST-ZIP Change DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing 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 eath; 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.

MERICA DE POLONIOSES