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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(6)

HOME HEALTH NURSING SERVICES, INC.

FILED Mar 15 1996 8:00 am Secretary of State

Principal Place of Business		Mailing Address	Mailing Address		- I DON'N BRINDER KINDE DININ KORNI DORNIL BORNI BIRNI			
913 A S. W. 87 AVE. MIAMI FL 33174 US		913 A S. W. 87 AVE. MIAMI FL 33174 US						
					3. Date Incorporated or Qualified 05/15/1992	3a. Date of 06/2	Last Re 20/19	•
	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			65-0331645			Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	_ \$		Additional Required
City & State	0	City & State			Election Campaign Financing Trust Fund Contribution			0 May Be to Fees
ZIÇ)	Country 25	7 _{IP}	Count	ry	8. This corporation has liability for in Florida Statutes Yes			
	9. Name and Address of Curre		1001	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Ro		ni	
Nh	0000		В	1 Name		- B. O.		
- NOVOL	OSO, DANIEL SW 88 STREET		8:	2 Street Add	dress (P.O. Box Number is Not Acceptable	Θ)		
APT 11			8	3				
MIAMI I	FL 33186		8	4 City		8	5 Zip	Code
11 Durawant	o the provisions of Continue 607 050	0		_ _	pration submits this statement for the purp	FL °		
SIGNATURE	th, and accept the obligations of, Sec		Ş .					
	Signal inc. typod or printed name of registered ager			ent signature require		DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ed when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIF		
12.	PNUVOLOS O		13. 1 1 Till E					RS IN 12
12. TITLE NAME	OFFICERS AN PNUÝOLOSO VOVOLOSO, DANIEL	ID DIRECTORS	13. 1 1 TITLE 1 2 NAME	E		CERS AND DIF		
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certify that the information indicated of this annual report of 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 gharfiged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR