

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V38145 (1)

1. Corporation Name
ASSOCIATED HOME HEALTH CARE INC.

Principal Place of Business
7311 W. OAKLAND PARK BLVD.
LAUDERHILL FL 33313
US

Mailing Address
7311 W. OAKLAND PARK BLVD.
LAUDERHILL FL 33313



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/22/1992

4. FEI Number
65-0486907
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 10028 W Oakland Park Blvd
Suite, Apt. #, etc.

22 City & State
Sunrise, FL

23 Zip
33351

24 Country
US

2a. Mailing Address

26 10028 W Oakland Park Blvd
Suite, Apt. #, etc.

27 City & State
Sunrise, FL

28 Zip
33351

29 Country
US

10. Name and Address of New Registered Agent

81 Name
LOMANTO, Josephine
82 Street Address (P.O. Box Number is Not Acceptable)
10028 West Oakland Park Blvd
83
84 City
Sunrise
85 Zip Code
FL 33351

9. Name and Address of Current Registered Agent
LOMANTO, JOSEPHINE
7311 WEST OAKLAND PARK BLVD.
LAUDERHILL FL 33319

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LOMANTO, JOSEPHINE
7311 W. OAKLAND PARK BLVD.
LAUDERHILL FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P
LOMANTO, JOSEPHINE
10028 West Oakland Park Blvd
Sunrise, FL 33351
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I 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 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:

Josephine Lomanto

4/21/98 9:21:11C

CR2E034 (10/97)