FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

V42950

(8)

J.S.H. HOME HEALTH CARE, INC.

APPROVED AND FILED

96 JAN 24 AM 11: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Piane of Business Maling Address					t radus animus anesa usasa dosas Bolis Bais dubis dibis dibis dibis bidis bidis bidis bidis	
7171 CORAL SUITE 201 MIAMI FL 331	WAY 144- 33/1-V-	7171 CORAL WAY SUITE 201 MIAMI FL 33144	33/V	V-		
US		US	93//		3. Date Incorporated or Qualified 06/11/1992	3a. Date of Last Report 05/01/1995
t. Principal Pla -	ice of Business	2a. Mailing Address			4. FEI Number	Applied For
 State, Apt. #	t. 6h .	Suite, Apt. #, etc.			65-0340591	*tot Applicab
	,	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	55.00 May Be
		28		···	Trust Fund Contribution	Added to Fees
Ziţi	Country 25	7φ [29]	Country 30	<i>i</i>	This corporation has liability fo Florida Statutes	r intangible tax under s. 199.032, s
	9. Name and Address of Cur	rent Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New	Registered Agent
			81	Name		
SOCARRAS, JOSE A.			82	Street Add	ress (P.O. Box Number is Not Accepta	ible)
)RAL WAY # 201		83			
MIAMI FI	3314		83			
	9977		84	City		FL 85 Zip Code
. Parsonal to	the provisions of Sections 607.09	502 and 607 1508. Florida Statu	ites the above	named corpo	pration submits this statement for the pr	troops of changing its registered of
 Or fex(pistere) 	id agent, or both, in the State of Fl ii, and accept the obligations of, S	lorida. Such change was authori	ized by the com	oration's tio	ard of directors. I hereby accept the ap-	pointment as registered agent. I am
SNATURE _	ü					
	A prefer typed or printed some of regelered a		IOTE Registered Age	nt sigmature respon		DATE
	D OFFICERS	AND DIRECTORS	13. 1 1 TITLE		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change
	SOCARRAS, JOSE A.	E-1 Dettere	1.2 NAME			Change Modilia
eri Addrecss	7171 CORAL WAY #201		1.3 STREET ADDRESS		COCUC	mo1708128
St ZP	MIAMI FL		14 CITY - S		-0270 -0270	5/9601098014
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ELL ADORESS			6.3 STREET	ADDRESS		$\sim 10^{-1}$
			6.4 CITY - 5			XW
	Certify that the information supplied to information indicated on this a are an officed of the collision 12 or Block 13 if officed to Block 12 or Block 13 if officed 1	ed with this fring is voluntarily for nnual report is supplemental an ipporation or the receipt or assi- go in an attendment, with an add			for the exemption stated in Section 118 ate and that my signature shall have th iis report as required by Chapter 607, F	0.07(3)(k), Florida Statutes. I furl a same legal effect as if made L lorida Statutes; and that my na

SIGNATURE:

SIGNATURA NO TYPED OR PHINTED NAME OF SCHIND OFFICER OR DIRECTOR

01/17/26 264:4716