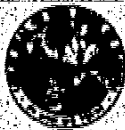


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 10:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V51505 (8)

1. Corporation Name

H & M HOME HEALTH SERVICES, INC.

Principal Place of Business

**9300 S. DADELAND BLVD.
STE. #210
MIAMI FL 33156
US**

Mailing Address

**9300 S. DADELAND BLVD.
STE. #210
MIAMI FL 33156
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/17/1992

3a. Date of Last Report

06/03/1994

4. FBI Number

65-0425426

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BAILEY, ABE A.
20401 N.W. 2ND AVE.
SUITE 208
MIAMI FL 33169**

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 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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HEWETT, AUDLEY
STREET ADDRESS	8420 S.W. 133 AVE. RD., #218
CITY - ST - ZIP	MIAMI FL 33183
TITLE	V
NAME	HENDRICKS, VERNON L.
STREET ADDRESS	9781 S.W. 147TH ST.
CITY - ST - ZIP	MIAMI FL 33176
TITLE	S
NAME	HEWETT, LORNA S.
STREET ADDRESS	8420 S.W. 133 AVE. RD., #218
CITY - ST - ZIP	MIAMI FL 33183
TITLE	D
NAME	EPSTEIN, STEPHEN
STREET ADDRESS	4601 PONCE DE LEON BLVD., #210
CITY - ST - ZIP	MIAMI FL 33146
TITLE	D
NAME	HEWETT, WAYNE
STREET ADDRESS	8420 S.W. 133 AVE. RD., #218
CITY - ST - ZIP	MIAMI FL 33183
TITLE	D
NAME	VENDRYES, CHRISTOPHER
STREET ADDRESS	7980 S.W. 68TH TERRACE
CITY - ST - ZIP	MIAMI FL 33143

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUDLEY HEWETT

Date

4/18/95 (305) 670-6676