

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 # 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

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

g. Name and Address of Current Registered Agent

BAILEY, ABE A.
20401 N.W. 2ND AVE.
SUITE 206
MIAMI FL 33169

3. Date Incorporated or Qualified

07/17/1992

3a. Date of Last Report

04/18/1995

4. FEI 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

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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1. TITLE ☒ Change ☐ Addition

NAME
HEWETT, AUDLEY
STREET ADDRESS
8420 S.W. 133 AVE. RD., #218
CITY, ST, ZIP
MIAMI FL 33183

NAME
C
STREET ADDRESS
9300 South Dadeland Blvd. Suite 210
CITY, ST, ZIP
Miami, FL 33156

2. TITLE ☐ DELETE

2. TITLE ☐ Change ☒ Addition

NAME
HENDRICKS, VERNON L.
STREET ADDRESS
9781 S.W. 147TH ST.
CITY, ST, ZIP
MIAMI FL 33176

NAME
P
STREET ADDRESS
9300 South Dadeland Blvd. Suite 210
CITY, ST, ZIP
Miami, FL 33156

3. TITLE ☐ DELETE

3. TITLE ☒ Change ☐ Addition

NAME
HEWETT, LORNA S.
STREET ADDRESS
8420 S.W. 133 AVE. RD., #218
CITY, ST, ZIP
MIAMI FL 33183

NAME
3
STREET ADDRESS
9300 South Dadeland Blvd. Suite 210
CITY, ST, ZIP
Miami, FL 33156

4. TITLE ☐ DELETE

4. TITLE ☒ Change ☐ Addition

NAME
EPSTEIN, STEPHEN
STREET ADDRESS
4601 PONCE DE LEON BLVD., #210
CITY, ST, ZIP
MIAMI FL 33146

NAME
4
STREET ADDRESS
9300 South Dadeland Blvd. Suite 210
CITY, ST, ZIP
Miami, FL 33156

5. TITLE ☐ DELETE

5. TITLE ☐ Change ☐ Addition

NAME
HEWETT, WAYNE
STREET ADDRESS
8420 S.W. 133 AVE. RD., #218
CITY, ST, ZIP
MIAMI FL 33183

NAME
5
STREET ADDRESS
9300 South Dadeland Blvd. Suite 210
CITY, ST, ZIP
Miami, FL 33156

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Audley Hewett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

(305) 670-6656

CR2E034 (12/95)