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FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

8300 S. DADELAND BLVD.
STE. #210
MIAMI FL 33156
US

Mailing Address

8300 S. DADELAND BLVD.
STE. #210
MIAMI FL 33156-2717
US

2. Principal Place of Business

21 3900 NW 79 Ave

Suite, Apt. #, etc.

22 601

City & State

23 MIAMI FL

Zip

24 33166

Country

25 DADE

2a. Mailing Address

26 3900 NW 79 Ave

Suite, Apt. #, etc.

27 601

City & State

28 MIAMI FL

Zip

29 33166

Country

30 DADE

3. Date Incorporated or Qualified

07/17/1992

3a. Date of Last Report

02/16/1996

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

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 title, if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME HEWETT, AUDLEY
STREET ADDRESS 8300 SOUTH DADELAND BLVD, SUITE 210
CITY-ST-ZIP MIAMI FL

TITLE V
NAME HENDRICKS, VERNON L.
STREET ADDRESS 9781 S.W. 147TH ST.
CITY-ST-ZIP MIAMI FL 33178

TITLE S
NAME HEWETT, LORNA S.
STREET ADDRESS 9300 SOUTH DADELAND BLVD, SUITE 210
CITY-ST-ZIP MIAMI FL

TITLE D
NAME EPSTEIN, STEPHEN
STREET ADDRESS 4801 PONCE DE LEON BLVD., #210
CITY-ST-ZIP MIAMI FL 33146

TITLE D
NAME HEWETT, WAYNE
STREET ADDRESS 9300 SOUTH DADELAND BLVD, SUITE 210
CITY-ST-ZIP MIAMI FL

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 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:

[Handwritten Signature]

CR2E034 (9/96)