

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90037 043 \*\*\*150.00

DOCUMENT # V51505

1. Corporation Name  
H & M HOME HEALTH SERVICES, INC.



Principal Place of Business  
3900 NW 79 AVE.  
STE 601  
MIAMI FL 33166  
US

Mailing Address  
3900 NW 79 AVE.  
STE 601  
MIAMI FL 33166  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1992

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 4125 HOLLYWOOD BLVD

26 4125 HOLLYWOOD BLVD

22 City & State HOLLYWOOD FL

27 City & State HOLLYWOOD FL

23 Zip 33021 Country

28 Zip 33021 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE P  
NAME HEWETT, KEVIN  
STREET ADDRESS 3900 NW 79TH AVE STE 601  
CITY-ST-ZIP MIAMI FL 33166

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

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

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

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

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

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

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

TITLE D  
NAME VENDRYES, CHRISTOPHER  
STREET ADDRESS 7980 S.W. 68TH TERRACE  
CITY-ST-ZIP MIAMI FL 33143

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

Daytime Phone #

CR2E034 (11/98)