CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

1. Corporation Name: HEALING TOUCH HOME HEALTH INC.

DOCUMENT # V53620

Mailing Address	Principal Place of Business
7951 SW 40 ST # 200 MIAMI FL 33155	7951 SW 40 ST # 200 MIAMI FL 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified: 7/28/92
3a. Date of Last Report: 9/15/94

2. Mailing Address (21): 7951 SW 40 ST
2a. Principal Place of Business (26): 7951 SW 40 ST

4. FEI Number: 65-0345009 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22): # 200
Suite, Apt. #, etc. (27): # 200

5. Certificate of Status Desired $8.75 ☐
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

City & State (23): MIAMI FL
City & State (28): MIAMI

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

Zip (24): 33155
Country (25): USA
Zip (29):
Country (30): USA

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HERNANDEZ, ELIZABETH B 531 NW 60 ST MIAMI FL 33126	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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE 4/29/95
(If changing Agent Address only, signature not required) NOTE: (If changing Agent, signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: P/D	11 TITLE
12 NAME: ELIZABETH HERNANDEZ	12 NAME
13 STREET ADDRESS: 531 NW 60 COURT	13 STREET ADDRESS
14 CITY-ST-ZIP: MIAMI FL 33126	14 CITY-ST-ZIP
21 TITLE	21 TITLE
22 NAME	22 NAME
23 STREET ADDRESS	23 STREET ADDRESS
24 CITY-ST-ZIP	24 CITY-ST-ZIP
31 TITLE	31 TITLE
32 NAME	32 NAME
33 STREET ADDRESS	33 STREET ADDRESS
34 CITY-ST-ZIP	34 CITY-ST-ZIP
41 TITLE	41 TITLE
42 NAME	42 NAME
43 STREET ADDRESS	43 STREET ADDRESS
44 CITY-ST-ZIP	44 CITY-ST-ZIP
51 TITLE	51 TITLE
52 NAME	52 NAME
53 STREET ADDRESS	53 STREET ADDRESS
54 CITY-ST-ZIP	54 CITY-ST-ZIP
61 TITLE	61 TITLE
62 NAME	62 NAME
63 STREET ADDRESS	63 STREET ADDRESS
64 CITY-ST-ZIP	64 CITY-ST-ZIP

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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)(i), Florida Statutes. I consent the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning reclaimed property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/29/95 305 262 2410
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #