
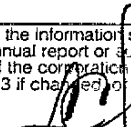


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 03 1998 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|--|--|---|--|--|
| DOCUMENT # V57295 (0) 1. Corporation Name G & C HOME HEALTH CARE AGENCY, INC. | | | | | |
| Principal Place of Business 6555 NW 36 ST. #309 MIAMI FL 33166 US | | | Mailing Address 6555 NW 36 ST. #309 MIAMI FL 33166 US | | |
| 2. Principal Place of Business 21 880 N.W. 132 AVE WEST Suite, Apt. #, etc. | | 2a. Mailing Address 26 880 N.W. 132 AVE. WEST Suite, Apt. #, etc. | | 4. FEI Number 65-0357191 | |
| 22 City & State 23 MIAMI, FL | | 27 City & State 28 MIAMI, FL | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> KK \$8.75 Additional Fee Required | |
| 24 33182 | | 25 MIAMI-DADE | | 29 33182 | |
| 30 MIAMI-DADE | | 31 MIAMI-DADE | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent CARRENO, LUCIA 6555 NW 36 ST. #309 MIAMI FL 33166 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 880 N.W. 132 AVE. WEST 84 City MIAMI, FL 85 Zip Code 33182 | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | |
| PDT CARRENO, LUCIA 7125 NW 1 TERR. MIAMI FL 33126 | | | 880 N.W. 132 AVE. WEST MIAMI, FL. 33182 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | |
| VPSD RUEDA, MARIA E 280 E 8 ST #101 HIALEAH FL 33010 | | | 1263 STW. 130 AVENUE MIAMI, FL. 33184 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | |
| | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | |
| | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | |
| | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 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. | | | | | |
| SIGNATURE:  | | | SIGNATURE REQUIRED 01-28-98 | | |



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/13/1992

4. Applied For
Not Applicable

5. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

CR2E034 (10/97)