

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JANET B. MONTAGNA
Secretary of State
DO NOT WRITE IN THESE SPACES

APPROVED
AND
FILED

DOCUMENT # **S84107**

(9)

95 MAY -1 AM 9:26

ST. SOPHIA HOME HEALTH SERVICES INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
782 NW LEJEUNE RD
SUITE 334
MIAMI FL 33126

Mailing Address
1545 MILLER RD
CORAL GABLES FL 33146

DO NOT WRITE IN THESE SPACES

3. Filing Date of Report 10/02/1991	3a. Date of Last Report 08/25/1994
4. Corporation Number 65-0304598	Approved For Not Applicable
5. Certificate of Status Fees \$8.75 Additional Fee Required	
6. Election Campaign Expenses Fund Raising Contribution \$5.00 May Be Added to Fees	
B. The corporation has liability for shareholders' taxes under the Florida Statute ☐ Yes ☒ No	

2. Principal Place of Business 3191 CORAL WAY, SUITE 631 MIAMI FL 33145	2a. Mailing Address 1545 MILLER RD CORAL GABLES FL 33146
22. Filing Date 631	27. Filing Date 631
23. City MIAMI FL	28. City MIAMI FL
24. ZIP Code 33145	25. Name DAVE
29. Name DAVE	30. Name DAVE

9. Name and Address of Current Registered Agent

ALVAREZ, ANTONIO A.
4861 S.W. 5TH TERRACE
MIAMI FL 33134

10. Name and Address of New Registered Agent

81. Name	
82. Street Address - If C. Box Number, Not Applicable	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the facts as they appear to me, and I am not aware of any facts which would make the same incorrect or misleading.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL INFORMATION																																										
<table border="1"> <tr> <td>NAME</td> <td>ALVAREZ, ANTONIO A</td> </tr> <tr> <td>ADDRESS</td> <td>1545 MILLER RD.</td> </tr> <tr> <td>CITY</td> <td>CORAL GABLES FL 33146</td> </tr> <tr> <td>STATE</td> <td>FL</td> </tr> <tr> <td>ZIP CODE</td> <td>33146</td> </tr> <tr> <td>DATE</td> <td>10/02/1991</td> </tr> <tr> <td>SIGNATURE</td> <td></td> </tr> <tr> <td>NAME</td> <td>SUAREZ, ALICIA</td> </tr> <tr> <td>ADDRESS</td> <td>1545 MILLER RD.</td> </tr> <tr> <td>CITY</td> <td>CORAL GABLES FL 33146</td> </tr> <tr> <td>STATE</td> <td>FL</td> </tr> <tr> <td>ZIP CODE</td> <td>33146</td> </tr> <tr> <td>DATE</td> <td>10/02/1991</td> </tr> <tr> <td>SIGNATURE</td> <td></td> </tr> </table>	NAME	ALVAREZ, ANTONIO A	ADDRESS	1545 MILLER RD.	CITY	CORAL GABLES FL 33146	STATE	FL	ZIP CODE	33146	DATE	10/02/1991	SIGNATURE		NAME	SUAREZ, ALICIA	ADDRESS	1545 MILLER RD.	CITY	CORAL GABLES FL 33146	STATE	FL	ZIP CODE	33146	DATE	10/02/1991	SIGNATURE		<table border="1"> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>ADDRESS</td> <td></td> </tr> <tr> <td>CITY</td> <td></td> </tr> <tr> <td>STATE</td> <td></td> </tr> <tr> <td>ZIP CODE</td> <td></td> </tr> <tr> <td>DATE</td> <td></td> </tr> <tr> <td>SIGNATURE</td> <td></td> </tr> </table>	NAME		ADDRESS		CITY		STATE		ZIP CODE		DATE		SIGNATURE	
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14. I, the undersigned, hereby certify that the information supplied with this filing is true and correct, and I am not aware of any facts which would make the same incorrect or misleading.

SIGNATURE:

Antonio A. Alvarez
ANTONIO A. ALVAREZ, PRESIDENT

4/26/95

(305) 351-7719
(305) 666-7314