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**Feb 14 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 # M00368 (4)
1. Corporation Name
PCA FAMILY HEALTH PLAN, INC.



Principal Place of Business
**5959 BLUE LAGOON DRIVE
MIAMI FL 33126**

Mailing Address
**C/O JOE MENENDEZ
5835 BLUE LAGOON DRIVE
MIAMI FL 33126-2069**

3. Date Incorporated or Qualified **05/08/1984** 3a. Date of Last Report **09/23/1996**

4. FEI Number **59-2403336** 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

2. Principal Place of Business
21 S-1c, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 **JOSE MENENDEZ**
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country
30

9. Name and Address of Current Registered Agent

**MENENDEZ, JOSE M., ESQ.
5835 BLUE LAGOON DRIVE
MIAMI FL 33126**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	KARDATZKE, E., STANLEY	
STREET ADDRESS	5835 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KILISSANLY, PETER, E	
STREET ADDRESS	5835 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOURANI, ELIAS	
STREET ADDRESS	5959 BLUE LAGOON DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, GLEN R.	
STREET ADDRESS	5835 BLUE LAGOON DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MENEDEZ, JOSE M	
STREET ADDRESS	5835 BLUE LAGOON DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DONNELLY, CLIFFORD W.	
STREET ADDRESS	5835 BLUE LAGOON DR	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jose M. Menendez
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jose M. Menendez* / **Jose M. Menendez, Secretary** **02/14/97** **305-265-2920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)