

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

APPROVED AND FILED

95 MAR 28 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001443191
-03/29/95--01093--018
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/11/1993	3a. Date of Last Report 06/02/1994
4. FEI Number 65-0407244	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000033813 (5)

1. Corporation Name
FLORIDA HEALTHCARE CORPORATION

Principal Place of Business P O BOX 14-4176 CORAL GABLES FL 33114-176 US	Mailing Address P O BOX 14-4176 CORAL GABLES FL 33114-176 US
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**QUIRANTES, RAMON JR.
1441 MILAN AVE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

FL

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIRANTES, RAMON JR.	2. NAME	
STREET ADDRESS	1441 MILAN AVE	3. STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	4. CITY-ST-ZIP	
TITLE	D	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIRANTES, ADELAIDA R	22. NAME	<i>Delete</i>
STREET ADDRESS	1441 MILAN AVE	23. STREET ADDRESS	<i>Adelaida R Quirantes</i>
CITY-ST-ZIP	CORAL GABLES FL 33134	24. CITY-ST-ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	<i>675 13/28/95</i>
CITY-ST-ZIP		64. CITY-ST-ZIP	

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)(k), 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 the 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: _____ DATE: **3-15-95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **RAMON QUIRANTES, SR.**

FILE NO: **(305) 843-1060**