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01/10/99

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000033813

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified 05/11/1993

4. FEI Number 65-0407244

Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State

28 City & State

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

24 Zip

25 Country

29 Zip

30 Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

1.1 TITLE DELETED
1.2 NAME QUIRANTES, RAMON JR.
1.3 STREET ADDRESS 1441 MILAN AVE
1.4 CITY-ST-ZIP CORAL GABLES FL 33134

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE DELETED
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE DELETED
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE DELETED
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE DELETED
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE DELETED
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 (305) 883-1060 Date Daytime Phone #

CR2E034 (11/98)