

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
SARAH B. MOYERSON
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:15

DOCUMENT # **P94000003189 (5)**

1. Corporation Name

ALL-FLORIDA HEALTHCARE CENTER, INC.

Principal Place of Business

5843 W FLAGLER ST
MIAMI FL 33144

Mailing Address

5843 W FLAGLER ST
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1994

3a. Date of Last Report

N/A

4. FEI Number

650463180

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 § 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21 5843 W. Flagler St

2a. Mailing Address

25 Same

Suite, Apt. #, etc.

26 Same

22 City & State

23 Miami Florida

27 Same

28 Same

24 Zip

33144

Country

25 Dane

29 Zip

Same

30 Country

Same

9. Name and Address of Current Registered Agent

RAMS, VICTOR H
3925 SW 127 CT
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name

MAIA CAMPOS Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

780 N.W. Lejeune Rd

83

404

84 City

Miami

85 State

FL

86 Zip Code

33124

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, in both, of 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

[Handwritten Signature]

12. OFFICERS AND DIRECTORS

12.1 TITLE: D
12.2 NAME: RAMS, VICTOR H JR.
12.3 STREET ADDRESS: 6436 SW 16 ST
12.4 CITY, ST, ZIP: MIAMI FL 33155

12.5 TITLE:
12.6 NAME:
12.7 STREET ADDRESS:
12.8 CITY, ST, ZIP:

12.9 TITLE:
12.10 NAME:
12.11 STREET ADDRESS:
12.12 CITY, ST, ZIP:

12.13 TITLE:
12.14 NAME:
12.15 STREET ADDRESS:
12.16 CITY, ST, ZIP:

12.17 TITLE:
12.18 NAME:
12.19 STREET ADDRESS:
12.20 CITY, ST, ZIP:

12.21 TITLE:
12.22 NAME:
12.23 STREET ADDRESS:
12.24 CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: Change Addition

13.2 NAME: Change Addition

13.3 STREET ADDRESS: Change Addition

13.4 CITY, ST, ZIP: Change Addition

13.5 TITLE: Change Addition

13.6 NAME: Change Addition

13.7 STREET ADDRESS: Change Addition

13.8 CITY, ST, ZIP: Change Addition

13.9 TITLE: Change Addition

13.10 NAME: Change Addition

13.11 STREET ADDRESS: Change Addition

13.12 CITY, ST, ZIP: Change Addition

13.13 TITLE: Change Addition

13.14 NAME: Change Addition

13.15 STREET ADDRESS: Change Addition

13.16 CITY, ST, ZIP: Change Addition

13.17 TITLE: Change Addition

13.18 NAME: Change Addition

13.19 STREET ADDRESS: Change Addition

13.20 CITY, ST, ZIP: Change Addition

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(2)(B), 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 person or person 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 in an attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3/22/95

(305) 536-6211