FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000007397

1. Corporation Name

~~C.A.P. DIAGNOSTICS, INC.~~

NC
ELI HOME CARE, INC. 5/13/96

Principal Place of Business
4501 PALM AVENUE SUITE 4517
HIALEAH, FL 33012

Mailing Address
ROMULO CLAVELO
540 BRICKELL KEY DRIVE #830
MIAMI, FL 33131

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

3. Date Incorporated or Qualified: JANUARY 27, 1995
3a. Date of Last Report:
4. FEI Number: 65-0550489 — 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

9. Name and Address of Current Registered Agent

ROMULO CLAVELO
540 BRICKELL KEY DRIVE # 830
MIAMI, FL 33131

10. Name and Address of New Registered Agent

81 Name: ELIZABETH RUIZ
82 Street Address (P.O. Box Number is Not Acceptable): 250 S.W. 82 AVENUE
83
84 City: MIAMI — FL — 85 Zip Code: 33144

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] ELIZABETH RUIZ — MAY 6, 1996
(Signature of new registered agent) (Type or print name of new registered agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	ROMULO CLAVELO	
STREET ADDRESS	540 BRICKELL KEY DRIVE #830	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P-S-T	☐ Change ☒ Addition
2.2 NAME	ELIZABETH RUIZ	
2.3 STREET ADDRESS	250 S.W. 82 AVENUE	
2.4 CITY-ST-ZIP	MIAMI, FL 33144	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***225.00

5-24-96 JR

CR2E034 (12/95)

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 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: [signature] ELIZABETH RUIZ — MAY 6, 1996 — (305)443-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #