

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State

APPROVED  
AND  
FILED

95 MAY - 1 PM 11:34

DOCUMENT # **S44287** (8)

RECEIVED IN THE  
TALLAHASSEE, FLORIDA

PROFESSIONAL CARE I, INC.

1351 N. KROME AVE.  
HOMESTEAD FL 33030

1351 N KROME AVE  
HOMESTEAD FL 33030

2	2a	3	3a
21	26	04/10/1991	05/19/1994
22	27	4. CF Number 65-0340771	Applied For Not Applicable
23	28	5. Contribution of Cash or Other Total Fund Contribution	\$8.75 Additional Fee Required
24	29	6. Election of Corporate Financing Total Fund Contribution	\$5.00 May Be Added to Fees
	30	8. The corporation has initially had stock or has under \$100,000 Total Stock Issued	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**CORPCO, INC.**  
2699 S BAYSHORE DR  
7TH FLOOR  
MIAMI FL 33133

10. Name and Address of Now Registered Agent  
81 Name  
82 Street Address (do not include P.O. Box)  
83  
84 City, State, and ZIP Code  
FL 33133

11. I, the undersigned, being a duly qualified and authorized officer of the corporation, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation is in compliance with the provisions of the Florida Statutes relating to the registration of corporations and the filing of annual reports.

12.	13.	ADDITIONS, CHANGES, DELETIONS AND OTHER INFORMATION
SD SHAHAM, JACOB 1351 N KROME AVE HOMESTEAD FL	1. NAME 2. STREET ADDRESS 3. CITY, STATE AND ZIP CODE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VST SHAHAM, HELEN 1351 N KROME AVE HOMESTEAD FL	1. NAME 2. STREET ADDRESS 3. CITY, STATE AND ZIP CODE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D SHAHAM, HELEN 1351 N KROME AVE HOMESTEAD FL	1. NAME 2. STREET ADDRESS 3. CITY, STATE AND ZIP CODE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD BITTAN, AVI 1351 N KROME AVE HOMESTEAD FL	1. NAME 2. STREET ADDRESS 3. CITY, STATE AND ZIP CODE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I, the undersigned, being a duly qualified and authorized officer of the corporation, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation is in compliance with the provisions of the Florida Statutes relating to the registration of corporations and the filing of annual reports.

SIGNATURE: *Jacob Shaham* **Jacob Shaham**  
SIGNING OFFICER OR DIRECTOR

4-28-95 (305) 596-3288