


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90009 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 272850
 1. Corporation Name
FLORIDA MEDI-CARE PLAN, INC.

Principal Place of Business 3901 N.W. 79TH AVE., SUITE 119 MIAMI FL 33166	Mailing Address 3901 N.W. 79TH AVE., SUITE 119 MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 08/16/1963	4. FEI Number 59-1140361	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

GABOR, FRANK
3901 N.W. 79TH AVE.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSDT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABOR, FRANK	1.2 NAME	
STREET ADDRESS	3901 N.W. 79 AVE., SUITE 119	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABOR, JEFFREY	2.2 NAME	
STREET ADDRESS	3534 THOMASVILLE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABOR, RONALD	3.2 NAME	
STREET ADDRESS	3901 N.W. 79TH AVE. #119	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **FRANK GABOR** **4/2/99** **305-471-0028**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)