

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

**CORRECTIVE**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>	<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 Jul 17 1996 8:00 am  
 Secretary of State

<b>DOCUMENT # 341693</b> 1. Corporation Name <b>FLEXICARE, INC.</b>
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Principal Place of Business 801 Brickell Ave. Suite 232 Miami, FL 33131 U.S.A.	Mailing Address 801 Brickell Ave. Suite 232 Miami, FL 33131 U.S.A.
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2. Principal Place of Business 21 9121 N. Kendall Drive Suite, Apt. #, etc. 22 City & State Miami, Florida 23 Zip 33176 24 Country U.S.A.	2a. Mailing Address 26 9121 N. Kendall Drive Suite, Apt. #, etc. 27 City & State Miami, Florida 28 Zip 33176 29 Country U.S.A.
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3. Date Incorporated or Qualified 2/17/1969	3a. Date of Last Report 8/10/1995
4. FEI Number 59-0940641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LABROZZI, G. F. 801 BRICKELL AVENUE SUITE 932 MIAMI, FL 33131	10. Name and Address of New Registered Agent 81 Name J. L. McSHANE 82 Street Address (P.O. Box Number is Not Acceptable) 12651 S. Dixie Highway 83 Suite 334 84 City Miami FL 85 Zip Code 33156
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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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE <i>July 9, 1996</i>
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12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> DELETE QUADARA, DOMINICK 801 BRICKELL AVENUE, SUITE 932 MIAMI, FL 33131	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition J. L. McSHANE 9121 N. KENDALL DRIVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> DELETE LABROZZI, G. F. 801 BRICKELL AVENUE, SUITE 932 MIAMI, FL 33131	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition M. FRIED 9121 N. KENDALL DRIVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE NEUMAN, SCOTT 9121 N. KENDALL DRIVE MIAMI, FL 33176	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	600001897288 <input type="checkbox"/> Change <input type="checkbox"/> Addition -07/18/96--01008--001 ***70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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(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.
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<b>SIGNATURE:</b> <i>[Signature]</i> 5/10 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 7/9/96	Daytime Phone # 305-271-6943
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