PROFIT CORPORATION ANNUAL REPORT 1996		Sandra Secre	ARTMENT OF STATE a B Mortham tary of State CORPORATIONS			
CUMENT # porahen Name SUNNY DAY NURSE	467691 TRY SCHOOL INC.	(2)				
al Place of Business	M	aling Address				
65 NW 14TH TERRACE AMI FLORIDA 33125	1.	3265 NW 14TH TER MIAMI FLORIDA 331				
				3. Date incorporated or Qualified 01/17/1975	3a. Date of Last Re 02/08/19	995
icipat Place of Business	2a. 26	Mailing Address		<b>4.</b> FEI Number <b>59-1621738</b>		Applied For Not Applicab
te. Apt. #, etc	27	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75	Additional Required
y & State	28	City & State		Election Campaign Financing     Trust Fund Contribution		May Be to Fees
25 Cou	29	Zip	Country 30		□No	199.032,
9. Name and Ad	dress of Current Regis	tered Agent	B1 Name	10. Name and Address of New F	legistered Agent	
SANCHEZ-CIFUENTES, 3265 NW 14TH TERRAC			82 Street Add	iress (P.O. Box Number is Not Acceptab	Diej	
MIAMI FL 33125			83		lock 7	00 40
	2017 (MO) and 60	7 4500 Classida Ctata	84 Crty			o Code
usuant to the provisions of S	the State of Florida. Such	i change was authori	84 City tes, the above named corporated by the corporation's box	oration submits this statement for the pu ard of directors. I hereby accept the app	roose of changing its r	eoistered off
ursuant to the provisions of S registered agent, or both, in mikar with, and accept the ot VIVIRE	the State of Florida, Such digations of, Section 607.	i change was authori 0505, Florida Statute	tes, the above-named corporated by the corporation's boasts.	ard of directors. I hereby accept the app	rpose of changing its r ointment as registered	eoistered off
ursuant to the provisions of Si registered agent, or both, in mikar with, and accept the ob VIURE Significations of productin	the State of Florida. Such	n change was authori 0505, Florida Statute anskrat≆ (N	84 City tes, the above named corporated by the corporation's box	ard of directors. I hereby accept the app	rpose of changing its r cointrient as registered	egistered offi agent. I an
ursuant to the provisions of Si registered agent, or both, in mikar with, and accept the ob VIURE Significal typed or producting	the State of Florida, Such sligations of, Section 607. Annual registered agent and telesin OFFICERS AND DIREC	n change was authori 0505, Florida Statute anskrat≆ (N	tes, the above-named corporated by the corporation's box's.  OTE Registered Agent signature reason.  13.  1.1 TILE	and of directors. I hereby accept the app	rpose of changing its r cointrient as registered	egistered offi agent. I am
ursuant to the provisions of Sinegistered agent, or both, in mikar with, and accept the obstitute [Size the breader pooled in DP SANCHEZ-CI	the State of Florida, Such alignations of, Section 607.  Alice of registered agent and telestrated of OFFICE RS AND DIRECT	n change was authori 0505, Florida Statute annia at⊬ (N DTORS	tes, the above-named corporated by the corporation's box's.  Oil: Registered Agent signature reason  13. 1.1 TILE 1.2 NAME	and of directors. I hereby accept the app	rpose of changing its r contrient as registered DATE	egistered off agent. I am
ursuant to the provisions of Si registered agent, or both, in milar with, and accept the of Studies breaker pooled in Squares breaker pooled in SANCHEZ-CI 1433 N W 33	the State of Florida, Such oligations of, Section 607. OFFICERS AND DIRECT FUENTES, ZOILA SRD CT	n change was authori 0505, Florida Statute annia at⊬ (N DTORS	tes, the above-named corporation's box is.  OTE: Registered Agent signature requirements.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	and of directors. I hereby accept the app	rpose of changing its r contrient as registered DATE	egistered off agent. I am
ursuant to the provisions of Scregistered agent, or both, in milear with, and accept the ob-	the State of Florida, Such pligations of, Section 607. OFFICERS AND DIREC FUENTES, ZOILA BRD CT IDA 00000	n change was authori 0505, Florida Statute annia at⊬ (N DTORS	tes, the above-named corporated by the corporation's box's.  Oil: Registered Agent signature reason  13. 1.1 TILE 1.2 NAME	and of directors. I hereby accept the app	rpose of changing its r contrient as registered DATE	egistered off agent. I am RS IN 12
DP SANCHEZ-CI ADDRESS ZIII SD SANCHEZ-CI SD SANCHEZ-CI SD SANCHEZ-CI SD SANCHEZ-CI SD SANCHEZ-CI	the State of Florida, Such physicians of, Section 607. OFFICERS AND DIREC FUENTES, ZOILA BRD CT IDA 00000	i change was authori 0505, Florida Statute and ai.	tes, the above-named corporate by the corporation's box's.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	and of directors. I hereby accept the app	rpose of changing its rointment as registered  DATE  ICERS AND DIRECTO  Change	egistered off agent. I am RS IN 12
ursuant to the provisions of Signature agent, or both, in militar with, and accept the observed or production of Signature Institute Ins	the State of Florida, Such physicians of, Section 607. Alternative pictored agent and the state OFFICERS AND DIRECT FUENTES, ZOILA BRD CT HUENTES, ZOILA BRD CT	i change was authori 0505, Florida Statute and ai.	### City  tes, the above-named corporated by the corporation's box is.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	and of directors. I hereby accept the app	rpose of changing its rointment as registered  DATE  ICERS AND DIRECTO  Change	egistered off agent. I am RS IN 12
ursuant to the provisions of Signature agent, or both, in milear with, and accept the obstitute Signature typed or producting SANCHEZ-CI 1433 N W 33 MIAMI, FLOR SD SANCHEZ-CI	the State of Florida, Such physicians of, Section 607. Alternative pictored agent and the state OFFICERS AND DIRECT FUENTES, ZOILA BRD CT HUENTES, ZOILA BRD CT	i change was authori 0505, Florida Statute and ald N TORS DELETE	tes, the above-named corporation's books.  OTE: Progressed Aprint signature return.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP	and of directors. I hereby accept the app	rpose of changing its ricintment as registered  DATE  DATE  Change	egistered off agent. I am  RS IN 12 Addition
ursuant to the provisions of Signature agent, or both, in militar with, and accept the observed or production of Signature Institute Ins	the State of Florida, Such physicians of, Section 607. Alternative pictored agent and the state OFFICERS AND DIRECT FUENTES, ZOILA BRD CT HUENTES, ZOILA BRD CT	i change was authori 0505, Florida Statute and ai.	### City  tes, the above-named corporated by the corporation's box is.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	and of directors. I hereby accept the app	rpose of changing its rointment as registered  DATE  ICERS AND DIRECTO  Change	egistered off agent. I am  RS IN 12 Addition
DP SANCHEZ-CI ADDRESS AUSTREE SUBSTREE SANCHEZ-CI ADDRESS ADDR	the State of Florida, Such physicians of, Section 607. Alternative pictored agent and the state OFFICERS AND DIRECT FUENTES, ZOILA BRD CT HUENTES, ZOILA BRD CT	i change was authori 0505, Florida Statute and ald N TORS DELETE	B4 City  tes, the above-named corporated by the corporation's boals.  13.  1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2 1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3 1 TITLE	and of directors. I hereby accept the app	rpose of changing its ricintment as registered  DATE  DATE  Change	egistered off agent. I am  RS IN 12 Addition
DP SANCHEZ-CI ADDRESS	the State of Florida, Such physicians of, Section 607. Alternative pictored agent and the state OFFICERS AND DIRECT FUENTES, ZOILA BRD CT HUENTES, ZOILA BRD CT	i change was authori 0505, Florida Statute and ald N TORS DELETE	B4 Crty  tes, the above-named corporated by the corporation's boars.  13.  1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 DTY-ST-ZIP 3 TITLE 3 2 NAME	and of directors. I hereby accept the app	rpose of changing its ricintment as registered  DATE  DATE  Change	egistered off agent. I am  RS IN 12 Addition
ursuant to the provisions of Signature agent, or both, in militar with, and accept the observed or production of Signature Institute Ins	the State of Florida, Such physicians of, Section 607. Alternative pictored agent and the state OFFICERS AND DIRECT FUENTES, ZOILA BRD CT HUENTES, ZOILA BRD CT	i change was authori 0505, Florida Statute and ald N TORS DELETE	B4 Crty  tes, the above-named corporated by the corporation's boars.  13.  1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 TITLE 32 NAME 33 STREET ADDRESS	and of directors. I hereby accept the app	rpose of changing its ricintment as registered  DATE  DATE  Change	egistered off agent. I am  RS IN 12 Addition Addition
DP SANCHEZ-CI ADDRESS	the State of Florida, Such physicians of, Section 607. Alternative pictored agent and the state OFFICERS AND DIRECT FUENTES, ZOILA BRD CT HUENTES, ZOILA BRD CT	i change was authori 0505, Florida Statute  INDIORS  DELETE  DELETE	B4 Crty  tes, the above-named corporated by the corporation's boars.  13.  1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 2 NAME 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP	and of directors. I hereby accept the app	Troose of changing its rointment as registered  DATE  ICERS AND DIRECTO  Change  Change	egistered off agent. I am  RS IN 12 Addition Addition
ursuant to the provisions of Scregistered agent, or both, in milear with, and accept the obstitute.  Squatee typed or protection.  DP SANCHEZ-CI 1433 N W 33 MIAMI, FLOR SD SANCHEZ-CI 1	the State of Florida, Such physicians of, Section 607. Alternative pictored agent and the state OFFICERS AND DIRECT FUENTES, ZOILA BRD CT HUENTES, ZOILA BRD CT	i change was authori 0505, Florida Statute  INDIORS  DELETE  DELETE	tes, the above-named corporated by the corporation's body.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	and of directors. I hereby accept the app	Troose of changing its rointment as registered  DATE  ICERS AND DIRECTO  Change  Change	egistered off agent. I am  RS IN 12 Addition Addition
ursuant to the provisions of Scregistered agent, or both, in milear with, and accept the obstituted.  Squatee typed or protection of SANCHEZ-CI 1433 N W 33 MIAMI, FLOR SD SANCHEZ-CI 1433 N W 33 MIAMI, FLOR MIAMI, FLOR ADDRESS 1-7.P	the State of Florida, Such physicians of, Section 607. Alternative pictored agent and the state OFFICERS AND DIRECT FUENTES, ZOILA BRD CT HUENTES, ZOILA BRD CT	i change was authori 0505, Florida Statute  INDITIONS  DELETE  DELETE  DELETE	tes, the above-named corporated by the corporation's boals.  13.  1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	and of directors. I hereby accept the app	DATE  Change  Change	egistered offi agent. I am  RS IN 12 Addition Addition Addition Addition
ursuant to the provisions of Scregistered agent, or both, in milear with, and accept the obstitute.  Squatee typed or protection.  DP SANCHEZ-CI 1433 N W 33 MIAMI, FLOR SD SANCHEZ-CI 1	the State of Florida, Such physicians of, Section 607. Alternative pictored agent and the state OFFICERS AND DIRECT FUENTES, ZOILA BRD CT HUENTES, ZOILA BRD CT	i change was authori 0505, Florida Statute  INDIORS  DELETE  DELETE	tes, the above-named corporated by the corporation's body.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	and of directors. I hereby accept the app	Troose of changing its rointment as registered  DATE  ICERS AND DIRECTO  Change  Change	egistered off agent. I am  RS IN 12 Addition Addition Addition
ursuant to the provisions of Sinegistered agent, or both, in milar with, and accept the obstituted.  Squater breed or poded in ADDRESS MIAMI, FLOR SD SANCHEZ-CI 1433 N W 33 MIAMI, FLOR SD SANCHEZ-CI 1433 N W 33 MIAMI, FLOR ADDRESS MIAMI, FLOR MIAMI,	the State of Florida, Such physicians of, Section 607. Alternative pictored agent and the state OFFICERS AND DIRECT FUENTES, ZOILA BRD CT HUENTES, ZOILA BRD CT	i change was authori 0505, Florida Statute  INDITIONS  DELETE  DELETE  DELETE	tes, the above-named corporated by the corporation's body states and the corporation's body states are read to the corporation of	and of directors. I hereby accept the app	DATE  Change  Change	egistered offi agent. I am  RS IN 12 Addition Addition Addition Addition
ursuant to the provisions of Stregislered agent, or both, in miles with, and accept the obstituted.  Squates breed or pooled in 1433 N W 33 MIAMI, FLOR SD SANCHEZ-CI 1435 N W 35 MIAMI, FLOR SD SANCHEZ-CI 1436 N W 35 MIAMI, FLOR SD SANCHEZ-CI 1437 N W 35 MIAMI, FLOR SD SANCHEZ-CI 1438 N W 35 MIAMI M	the State of Florida, Such physicians of, Section 607. Alternative pictored agent and the state OFFICERS AND DIRECT FUENTES, ZOILA BRD CT HUENTES, ZOILA BRD CT	i change was authori 0505, Florida Statute  INDITIONS  DELETE  DELETE  DELETE	tes, the above-named corporated by the corporation's body.  13.  1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP 4 TITLE 42 NAME 43 STREET ADDRESS 4.4 CITY-ST-ZIP 5 TITLE 52 NAME 53 STREET ADDRESS	and of directors. I hereby accept the app	DATE  Change  Change	egistered offi agent. I am  RS IN 12 Addition Addition Addition Addition
ursuant to the provisions of Sinegistered agent, or both, in milar with, and accept the obstituted.  Squater breed or poded in ADDRESS MIAMI, FLOR SD SANCHEZ-CI 1433 N W 33 MIAMI, FLOR SD SANCHEZ-CI 1433 N W 33 MIAMI, FLOR ADDRESS MIAMI, FLOR MIAMI,	the State of Florida, Such physicians of, Section 607. Alternative pictored agent and the state OFFICERS AND DIRECT FUENTES, ZOILA BRD CT HUENTES, ZOILA BRD CT	i change was authori 0505, Florida Statute  INDITIONS  DELETE  DELETE  DELETE	tes, the above-named corporated by the corporation's body states and the corporation's body states are read to the corporation of	and of directors. I hereby accept the app	DATE  Change  Change	egistered offi agent. I am  RS IN 12 Addition Addition Addition Addition Addition
ursuant to the provisions of Stregislered agent, or both, in miles with, and accept the obstituted.  Squates breed or pooled in 1433 N W 33 MIAMI, FLOR SD SANCHEZ-CI 1435 N W 35 MIAMI, FLOR SD SANCHEZ-CI 1436 N W 35 MIAMI, FLOR SD SANCHEZ-CI 1437 N W 35 MIAMI, FLOR SD SANCHEZ-CI 1438 N W 35 MIAMI M	the State of Florida, Such physicians of, Section 607. Alternative pictored agent and the state OFFICERS AND DIRECT FUENTES, ZOILA BRD CT HUENTES, ZOILA BRD CT	I change was authori 0505, Florida Statute 0505, Florida Statute INDITIONS IDELETE IDELETE IDELETE IDELETE IDELETE	tes, the above-named corporated by the corporation's bod's.  13.  1 Tiffe 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 TIFFE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 TIFFE 33 STREET ADDRESS 34 CITY-ST-ZIP 4 TIFFE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 TIFFE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 5 TIFFE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 5 TIFFE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	and of directors. I hereby accept the app	DATE  DATE  CHANGE  Change  Change  Change	egistered offi agent. I an
ursuant to the provisions of Stregislered agent, or both, in miles with, and accept the obstituted.  Squates breed or pooled in 1433 N W 33 MIAMI, FLOR SD SANCHEZ-CI 1435 N W 35 MIAMI, FLOR SD SANCHEZ-CI 1436 N W 35 MIAMI, FLOR SD SANCHEZ-CI 1437 N W 35 MIAMI, FLOR SD SANCHEZ-CI 1438 N W 35 MIAMI M	the State of Florida, Such physicians of, Section 607. Alternative pictored agent and the state OFFICERS AND DIRECT FUENTES, ZOILA BRD CT HUENTES, ZOILA BRD CT	I change was authori 0505, Florida Statute 0505, Florida Statute INDITIONS IDELETE IDELETE IDELETE IDELETE IDELETE	tes, the above-named corporated by the corporation's body.  13.  1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP 4 TITLE 42 NAME 43 STREET ADDRESS 4.4 CITY-ST-ZIP 5 TITLE 52 NAME 53 STREET ADDRESS 5.4 CITY-ST-ZIP 5 TITLE 52 NAME 53 STREET ADDRESS 5.4 CITY-ST-ZIP 5 TITLE 52 NAME 53 STREET ADDRESS 5.4 CITY-ST-ZIP 6 TITLE	and of directors. I hereby accept the app	DATE  DATE  CHANGE  Change  Change  Change	egistered offi agent. I am  RS IN 12 Addition Addition Addition Addition Addition

SIGNATURE: Viola Saucher Church D/President 01-16-96 (305) 634-3602
SIGNATURE AND TYPED OR PRINTED HIME OF SIGNING OFFICER OF DIRECTOR

Date

Delta Signification (305) 634-3602