

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90008 044 ***150.00

DOCUMENT # F23622

1. Corporation Name

DCA OF HIALEAH, INC.

Principal Place of Business

700 NW 107TH AVE
MIAMI FL 33172

Mailing Address

700 NW 107TH AVE
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1981

4. FEI Number

59-2087720

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MCCAIN, DAVID B., ESQ.
700 N.W. 107TH AVE., 4TH FL.
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DC
STREET ADDRESS MILLER, LEONARD
CITY-ST-ZIP 700 NW 107TH AVE., 4TH FL
MIAMI FL

TITLE ☒ DELETE

NAME VD
STREET ADDRESS BOLOTIN, IRVING
CITY-ST-ZIP 700 NW 107TH AVE., 4TH FL
MIAMI FL

TITLE ☐ DELETE

NAME VD
STREET ADDRESS PEKOR, ALLAN J.
CITY-ST-ZIP 700 NW 107TH AVE., 4TH FL
MIAMI FL

TITLE ☐ DELETE

NAME P
STREET ADDRESS MILLER, A S
CITY-ST-ZIP 700 NW 107TH AVE., 4TH FL
MIAMI FL 33172

TITLE ☐ DELETE

NAME T
STREET ADDRESS MALCOLM, WAYNEWRIGHT
CITY-ST-ZIP 700 NW 107TH AVE., 4TH FL
MIAMI FL 33172

TITLE ☐ DELETE

NAME AS
STREET ADDRESS SIERRA, KATHLEEN E.
CITY-ST-ZIP 700 NW 107TH AVE.
MIAMI FL

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

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

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP S
MCCAIN, DAVID B.
700 NW 107 AVENUE
MIAMI FL 33172

PD
Miller, Stuart A.
700 NW 107 Avenue
MIAMI FL 33172

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID B. MCCAIN

VICE PRESIDENT

11/21/99

Date

305 - 229 - 6400

Daytime Phone #

CR2E034 (11/98)

0247663