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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # K52651
HIALEAH NURSING CARE, INC.

2051

(2)

Maiting Address

FILED Apr 17 1997 8:00am Secretary of State

4/8/97 (205) 7/69.2037



2. Principal Plad							}					
-								Date Incorporated or Qualified 12/20/1988		3a. Date of Last Report 05/01/1996		
اد	oe of Business	2a. Mailing Ad	idress				4.	FEI Number		<u>-</u>	Applied F	For
		26						59-2920939			Not Appl	icable
Suite, Apt. #,	, etc.	27					5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & Star	City & State			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
_ Zip				Zip Count			8.	8. This corporation has liability for intangible tax under s. 199.032,				
] :	25	29			30			Florida Statutes Yes No				
0.402	9. Name and Address of Cur	rent Registered Ager)t 		61	Name	10.	Name and Address of New	Registered A	Agent		
	AL, SUSANA			į	"	Name						
	. 57 ST				82	Street Address (P.O. Box Number is Not Acce			able)			
LIV F	AH FL 33013-8354			}	83							——
eri Karangan												
					84	City			FL		ip Code	
Pursuant to office or recagent. I am	the provisions of Sections 607.0 gistered agent, or both, in the Sta familiar with, and accept the ob	0502 and 607.1608, Flo ate of Florida. Such ch oligations of, Section 60	orida Statute lange was a 07.0505, Flo	es, the ab authorized orida Stati	oove d by utes	hamed c the corpo	orporatio oration's b	in submits this statement for the poard of directors. I hereby acc	purpose of cept the app	charigir ointment	ig its regis as registe	tered pred
SIGNATURE SI	gnature, typed or printed name of registered	agent and tilloid applicable	IICN)	I Rugistored	 Ager	it signature re	quireo when	reinstating)	DATE			
2.		AND DIRECTORS		13.				ADDITIONS/CHANGES TO OF	ICERS AND	DIREC	IORS IN 1	2
	PD		DELETE	1.1 1/1	LE					Chan	ge 🔲 A	ddition
	BARRIAL, NORMA A			1.2 N								
	520 E. 57 ST		1.3 S		REET A	ADDRESS						
,,,, 0, 2,,	HIALEAH FL			14 CITY-ST-7IP								
	SD DARBOLLI CLICANIA	LJ			2 1 10 LE					Chan	ge LIA	Addition
[4	BARRIAL, SUSANA		DELETE		22 NAME							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	520 E. 57 ST HIALEAH FL				2.3 STREET ADDRESS							
7	NIALEAN FL				2. 4 CITY - ST - ZIP 3.1 TITLE					Π ω		٠
ITLE		لـا	[Drive							Chan	ge ∟⊥A	ddition
IAME				3.2 NA								
STREET ADDRESS						ADDRESS						
ITY-ST-ZIP		<u></u>	DELETE	3.4. CI		!-ZIP				Chon	00 1 4	ddilion
ITLE	L) Deceil			- 6	4.1 TrillE 4. 2 NAME					∐ Chan	åe F⊤1¥	\ddilion
						ADDDE CO						
TREET ADDRESS				1		ADDRESS						
ITLE		-	DELETE	4.4 CIT 5.1 Tit		· ZIt'				Chan	ле Па	doition
IAME	C Deceil			5.1 HLLE 5.2 NAME						L URI	֓֞֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	~~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
TREET ADDRESS						Address				Ų	\mathcal{K}_{n}	Y
ITY-ST-ZIP				54 CH						•	, N	`
ILE			DELETE	61111						Chan	ge []A	ddition
AME				62 NA				000002147400 -				
STREET ADDRESS					3 STREET ADDRESS			-04/18/9701017019				
				6.4 CIT				***165.00				
CITY ST - ZIP				■ U.T VII								