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Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K52651 1. Corporation Name HIALEAH NURSING CARE, INC.		(2)	
Principal Place of Business 520 EAST 57 ST HIALEAH FL 33013		Mailing Address 520 EAST 57 ST HIALEAH FL 33013-1354	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent BARRIAL, SUSANA 620 E. 57 ST HIALEAH FL 33013-8354		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME BARRIAL, NORMA A STREET ADDRESS 520 E. 57 ST CITY-ST-ZIP HIALEAH FL [] DELETE		1.1 TITLE [] Change [] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP [] Change [] Addition	
TITLE SD NAME BARRIAL, SUSANA STREET ADDRESS 620 E. 57 ST CITY-ST-ZIP HIALEAH FL [] DELETE		2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [] Change [] Addition	
TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE [] Change [] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [] Change [] Addition	
TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE [] Change [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [] Change [] Addition	
TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE [] Change [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [] Change [] Addition	
TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE [] Change [] Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [] Change [] Addition	



CR2E034 (9/96)

SIGNATURE:

Susana Barrial

SUSANA BARRIAL

4/8/97 (305) 769-2037