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Apr 16 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 # LS1121 1. Corporation Name Miami Care, Inc.					
Principal Place of Business 313-317 Minorca Ave. Coral Gables, FL 33134			Mailing Address 313-317 Minorca Ave. Coral Gables, FL 33134		
2. Principal Place of Business 21 Suite Apt # etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite Apt # etc 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/14/90 3a. Date of Last Report 10/21/95 4. FEI Number 65-0174903 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 has liability for intangible tax under s 199.032 Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent Pedro Perez 12400 SW 43 Street Miami, FL 33175			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: <u>Pedro A. Perez</u> 4/9/97 (NOTE: Registered Agent signature required when re-stating)					
12. OFFICERS AND DIRECTORS 1.1 TITLE ☐ DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE ☐ DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE ☐ DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE ☐ DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			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 ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
14. Signature and Typed or Printed Name of Signing Officer or Director Pedro A. Perez			000002145680 -04/17/97--01004--051 ***165.00		

CORP 10/96

RW
4-16-97

4/9/97 (305) 445-5899