

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L76700 (8)

1. Corporation Name

CARE GIVERS MEDICAL OFFICES INC.



Principal Place of Business

1057 WASHINGTON AVE
MIAMI BEACH FL 33139

Mailing Address

1057 WASHINGTON AVE
MIAMI BEACH FL 33139

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

RODRIGUEZ, M. CARMEN
1057 WASHINGTON AVE
MIAMI BEACH FL 33139

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
05/31/1990

3a. Date of Last Report
04/06/1995

4. FET Number
65-0196900

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 has liability for intangible tax under s. 199.032
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0522 and 607.1506, 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 of Registered Agent or Director or Officer or Trustee or Secretary or Treasurer or Controller or Comptroller or Auditor or Other Person

Signature of Registered Agent or Director or Officer or Trustee or Secretary or Treasurer or Controller or Comptroller or Auditor or Other Person

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PST
RODRIGUEZ, M. CARMEN
1057 WASHINGTON AVE
MIAMI BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
RODRIGUEZ, M. CARMEN
1057 WASHINGTON AVE
MIAMI BEACH FL

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CITY - ST - ZIP

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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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carmen H. Rodriguez

4/5/96

(Date)

CR2E034 (12/95)