FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L96742** **(6)**

1. Corporation Name

MEDICAL CARE OF MIAMI, INC.

Principal Place of Business	Mailing Address
P.O. BOX 652342 MIAMI FL 33265-2342	P.O. BOX 652342 MIAMI FL 33265-2342

3. Date Incorporated or Qualified: 08/27/1990
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 8370 West Flagler St
22 Suite, Apt. #, etc.: Suite 244 "A"
23 City & State: Miami Florida
24 Zip: 33144
25 Country: Dade

2a. Mailing Address
26: 8370 West Flagler St
27 Suite, Apt. #, etc.: Suite 244 "A"
28 City & State: Miami Florida
29 Zip: 33144
30 Country: Dade

4. FEI Number: 65-0234075 ☐ 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

9. Name and Address of Current Registered Agent

PALACIOS, HECTOR
7805 CORAL WAY #121 MIAMI 33155
5002 S.W. 137TH CT.
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name: Palacios, Hector
82 Street Address (P.O. Box Number is Not Acceptable): 8370 West Flagler Street
83: Suite 244 "A"
84 City: Miami FL **FL** 85 Zip Code: 33144

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Required if applicable, except when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PALACIOS, GLORIA		1.2 NAME	Palacios Gloria	
STREET ADDRESS	7805 CORAL WAY #121		1.3 STREET ADDRESS	8370 West Flagler St Ste 244 "A"	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami FL 33144	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PALACIOS, HECTOR		2.2 NAME	Palacios Hector	
STREET ADDRESS	7805 CORAL WAY #121		2.3 STREET ADDRESS	8370 West Flagler St Ste 244 "A"	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami FL 33144	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added or on an attachment with an address.

SIGNATURE: _____ 5-11-96 305-552-8837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Hector Palacios - Vice President