

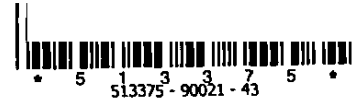
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 07, 1999 8:00 am
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PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 96742
1. Corporation Name



Medical Care of Miami, Inc.

Principal Place of Business: 8370 W. Flagler St. Suite 244 Miami, Florida, 33144
Mailing Address: 8370 W. FLAGLER STREET, SUITE 244 MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/90
4. FEI Number: 65-0234075
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: [X] Yes [ ] No

9. Name and Address of Current Registered Agent: Hector Palacios, 8370 West Flagler St. Ste 246 Miami, Florida, 33144
10. Name and Address of New Registered Agent: [ ] Name, [ ] Street Address, [ ] City, [ ] 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: PD Hector Palacios, VD Gloria P. Palacios
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: [ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Name]
Date: 05-26-99
Daytime Phone #: 305-552-8837

CR2E034 (1/198)