FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 10 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M61164 (3)

1. Corporation Name
X-TENDED CARE, INC.

Principal Place of Business	Mailing Address
~~C/O JULIA E. BALDRICHE~~ ~~10825 SW 197TH AVE~~ ~~MIAMI FL 33187~~ ~~US~~	~~% JULIA E BALDRICHE~~ ~~10825 SW 197TH AVE~~ ~~MIAMI FL 33187~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/21/1987
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21: 2390 N.W. 7 ST
22 Suite, Apt. #, etc.: SUITE 207
23 City & State: MIAMI, FL
24 Zip: 33125
25 Country: U.S.

2a. Mailing Address
26: SAME
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 65-0013647 ☐ 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

~~BALDRICHE, JULIA E.~~
~~10825 SW 197TH AVE.~~
~~MIAMI FL 33187~~

10. Name and Address of New Registered Agent

81 Name: RAUL D. CABRERA
82 Street Address (P.O. Box Number is Not Acceptable): 4201 S.W. 11 ST
83:
84 City: MIAMI FL 85 Zip Code: 33134

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: Raul D Cabrera — 3/16/95
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	D	1.1 TITLE	D, P ☒ Change ☐ Addition
NAME	~~BALDRICHE, JULIA E.~~	1.2 NAME	EUSEBIO HUERTA
STREET ADDRESS	~~10825 SW 197TH AVE.~~	1.3 STREET ADDRESS	2390 N.W. 7 ST, SUITE 207
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	MIAMI, FL 33125
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 by attachment with an address.

SIGNATURE: X [signature] — 3/16/95 — (305)613-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EUSEBIO HUERTA

0207R2 CP