2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006975

1. Entity Name
CHS CARES, INCORPORATED

Principal Place of Business	Mailing Address
15 WEST STAR ISLAND DR MIAMI BEACH, FL 33139 US	15 WEST STAR ISLAND DR MIAMI BEACH, FL 33139 US

01162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0806685
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, HOWARD W
100 SE 2ND STREET, 17TH FLOOR
MIAMI, FL 33131

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

UR000017989
04/26/04-80021-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MORAN, AMARILLIS
STREET ADDRESS	15 STAR IS DR
CITY-ST-ZIP	MIAMI BCH, FL 33139
TITLE	DV
NAME	VACCA, THOMASINA
STREET ADDRESS	20191 E COUNTRY CLUB DR, #1504
CITY-ST-ZIP	N. MIAMI BEACH, FL 33180
TITLE	DS
NAME	ACERO, IVONNE
STREET ADDRESS	8200 LOS PINOS BLVD
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	T
NAME	QUINTERO, JESUS
STREET ADDRESS	15 WEST STAR ISLAND
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/21/04 305-672-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #