2000 UNIFORM BUSINESS REPORT (UBR)

PENDING
03-21-2001 90079 023 ***236.25
N98000001818

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DOCUMENT # N98000001818

1. Entity Name

RENASCENCE COMMUNITY HEALTH CARE CENTER, INC.

FILED
01 APR 12 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1372 NW 16 STREET MIAMI FL 33125	~~1423 NW 13 TERRACE~~ ~~MIAMI FL 33125~~

REINSTATEMENT (DO NOT WRITE ABOVE THIS SPACE) 0001

2. Principal Place of Business	3. Mailing Address
1372 NW 16 Street	1372 NW 16 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State: miami - FL
Zip: 33125 Country: USA	Zip: 33125 Country: U.S.A.

4. FEI Number: 65-0815575 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAGNORSKY, CESAR 1372 NW 16 STREET MIAMI FL 33125	Name: EDIMAR ANDRADE Street Address (P.O. Box Number is Not Acceptable): 1372 N.W 16 Street City: MIAMI FL Zip Code: 33125

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.

SIGNATURE: Edimar Andrade Edimar Andrade DATE: 03/15/01
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D MAGNORSKY, CESAR 1372 NW 16 STREET MIAMI FL 33125	☒ Delete	P/D EDIMAR ANDRADE 1372 NW 16 Street miami - FL - 33125	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D RODRIGUEZ, RITA 1372 NW 16 STREET MIAMI FL 33125	☒ Delete	S/D MERCEDES RODRIGUEZ 1372 N.W 16 Street MIAMI - FL - 33125	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D PEREZ, MARTHA 1372 NW 16 STREET MIAMI FL 33125	☒ Delete	T/D DIANA GALLOSO 1372 NW 16 Street MIAMI FL 33125	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	600004037106--3 -04/23/01--01005--003 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (5/00)

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: x Edimar Andrade 03/15/01 (305) 962-2955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/23