


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90073 035 \*\*\*150.00

<b>DOCUMENT # P01000089890</b>	
1. Entity Name <b>MAXICARE HEALTH CENTER, CORP.</b>	

Principal Place of Business <b>1710 NW 7TH STREET MIAMI, FL 33125</b>	Mailing Address <b>1710 NW 7TH STREET MIAMI, FL 33125</b>
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2. Principal Place of Business <b>1710 NW 7ST</b> Suite, Apt. #, etc. <b>#9</b>	3. Mailing Address <b>1710 NW 7ST</b> Suite, Apt. #, etc. <b>#9</b>
City & State <b>Miami FL</b>	City & State <b>Miami FL</b>
Zip <b>FL 33125</b> Country	Zip <b>33125</b> Country

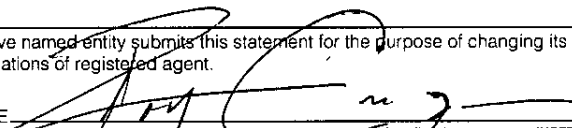


04092004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1136442</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>CANIZARES, ROY 8600 SW 159 PLACE MIAMI, FL 33193</b>
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7. Name and Address of New Registered Agent Name <b>Canizares, Roy</b> Street Address (P.O. Box Number is Not Acceptable) <b>1710 NW 7ST #9</b> City <b>Miami</b> FL Zip Code <b>33125</b>
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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  (NOTE: Registered Agent signature required when reinstating) DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANIZARES, THAIS C 9750 SW 111 TERR MIAMI, FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CANIZARES, ROY 9750 SW 111 TERR MIAMI, FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:  4-9-2004	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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