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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 8:59

DOCUMENT # **P92000013554 (0)**

1. Corporation Name

DOCTOR'S CARE CENTERS, INC.

Principal Place of Business	Mailing Address
3127 WEST HALLANDALE BEACH BLVD. HALLANDALE FL 33009	14411 COMMERCE WAY SUITE 310 MIAMI LAKES FL 33016 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/22/1992	3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0377637	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 3400 Data Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Rancho Cordova, CA
Zip 24 / Country 25	Zip 29 95670 / Country 30 USA

9. Name and Address of Current Registered Agent

PALENZUELA, ROBERTO L.
1740 CORAL WAY, SUITE A
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83
84 City: Plantation FL 85 Zip Code: 33324

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] NASEEM A. CONDE SPECIAL ASST. SECRETARY 2.2.95

Signature, type or printed name of registered agent, and date (if applicable) — NOTE: Registered Agent signature required when executing — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE	S	☒ Change ☐ Addition
NAME	PALENZUELA, ROBERTO L.	1.2 NAME	Allen J. Marabito	
STREET ADDRESS	3127 W HALLANDALE BCH BLVD	1.3 STREET ADDRESS	3400 Data Drive	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	Rancho Cordova, CA 95670	
TITLE		2.1 TITLE	D/C	☒ Change ☐ Addition
NAME		2.2 NAME	Kirk A. Benson	
STREET ADDRESS		2.3 STREET ADDRESS	3400 Data Drive	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Rancho Cordova, CA 95670	
TITLE		3.1 TITLE	D/T	☒ Change ☐ Addition
NAME		3.2 NAME	Jeffrey L. Elder	
STREET ADDRESS		3.3 STREET ADDRESS	3400 Data Drive	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Rancho Cordova, CA 95670	
TITLE		4.1 TITLE	D/P	☒ Change ☐ Addition
NAME		4.2 NAME	Lawrence H. Kries	
STREET ADDRESS		4.3 STREET ADDRESS	7950 NW 53rd St., 3rd Floor	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33166	
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 hereby certify that the information supplied with this filing is true and accurate. For profit corporations only: I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 an attachment with an asterisk.

SIGNATURE: Allen Marabito 2/2/95 916/631-5414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Allen J. Marabito, Secretary

0000070 CP