FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 4:42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P92000013620 (9)

1. Corporate Name

COMMUNITY CARE CENTERS, INC.

Principal Place of Business	Mailing Address
3127 W. HALLANDALE BEACH BLVD. HALLANDALE FL 33009	14411 COMMERCE WAY STE 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

2. Principal Place of Business	2a. Mailing Address
21 14411 COMMERCE WAY	26
Suite, Apt. # etc. 22 SUITE 310	Suite, Apt. # etc. 27
City & State 23 MIAMI LAKES, FL	City & State 28
Zip 24 33016 — Country 25 USA	Zip 29 — Country 30

4. FEI Number: 65-0377640 — 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PALENZUELA, ROBERTO L. 1740 CORAL WAY, SUITE A MIAMI FL 33145	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 14411 COMMERCE WAY 83 SUITE 310 84 City: MIAMI LAKES, FL — FL — 85 Zip Code: 33016

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 ________ DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	D — [X] Change [ ] Addition
NAME	PALENZUELA, ROBERTO L	NAME	PALENZUELA, ROBERTO L.
STREET ADDRESS	3127 W HALLANDALE BCH BLVD #113	STREET ADDRESS	14411 COMMERCE WAY, SUITE 310
CITY-ST-ZIP	HALLANDALE FL	CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: Roberto L. Palenzuela — 6/1/95 — 557-0303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CP