**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

Amended PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 05 1996 8:00 am
Secretary of State

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-08/05/96--01043--021
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DOCUMENT # ~~P93000003650~~ P93000009822

1. Corporation Name
FLORIDA CARE NETWORK CORPORATION

Principal Place of Business / Mailing Address

1801 Coral Way
Suite 206
Miami, FLorida 33145

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Dade | 26 Same |
| 22 Suite, Apt #, etc. N/A | 27 Suite, Apt #, etc. Same |
| 23 City & State Miami, Fla. | 28 City & State Same |
| 24 Zip 33157 / 25 Country Dade | 29 Zip Same / 30 Country Same |

3. Date Incorporated or Qualified: 4/22/93
3a. Date of Last Report: 1996
4. FEI Number: [X] 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

9. Name and Address of Current Registered Agent

Juan Perez
625 S.W. 47th Court
Miami, Florida 33134

10. Name and Address of New Registered Agent

81 Name: Damian Hurtado
82 Street Address (P.O. Box Number is Not Acceptable)
83 1801 Coral Way, Suite 206
84 City: Miami, Florida FL 85 Zip Code: 33145

11. Pursuant to the provisions of Section(s) 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] 7/18/96
Signature, typed or printed name of registered agent and title if applicable — (If FIE Registered Agent signature required when applicable) — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President, Secretary & Treasurer<br>Juan Perez<br>625 S.W. 47th Court<br>Miami, FLorida 33134 [X] DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | President, Secretary & Treasurer<br>Damian Hurtado<br>1801 Coral Way, Suite 206<br>Miami, FLorida 33145 [ ] Change [X] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Jeanette Perez<br>625 S.W. 47th Court<br>Miami, FLorida 33134 [X] DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | [ ] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | [ ] DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | [ ] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | [ ] DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | [ ] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | [ ] DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | [ ] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | [ ] DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | [ ] Change [ ] Addition |

14. I do hereby certify that the information supplied with this report 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7-18-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #