

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90206 037 ***158.75

DOCUMENT # P93000017301

1. Corporation Name
SUPPORT CARE GROUP, INC.



Principal Place of Business
6996 S.W. 47TH ST.
SUITE C
MIAMI FL 33155

Mailing Address
6996 S.W. 47TH ST.
SUITE C
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/08/1993

4. FEI Number
65-0486858

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 13112 SW 128 ST

2a. Mailing Address
26 13112 SW 128 ST

Suite, Apt. #, etc.
22 N/A

Suite, Apt. #, etc.
27

City & State
23 MIAMI, FLORIDA

City & State
28 MIAMI, FLORIDA

Zip
24 33186

Country
25 U.S.

Zip
29 33186

Country
30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOMEZ, OTILIA P
6996 S.W. 47TH ST.
SUITE C
MIAMI FL 33155

81 Name
MARYLIN BARRIOS

82 Street Address (P.O. Box Number is Not Acceptable)
15390 SW 46 LN

83

84 City
MIAMI

FL

85 Zip Code
33185

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 *Marylin Barrios* (MARYLIN BARRIOS) PD

DATE
3/5/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GOMEZ, OTILIA P
STREET ADDRESS 6996 S.W. 47TH ST., #C
CITY-ST-ZIP MIAMI FL 33155 ☒ DELETE

1.1 TITLE PD
1.2 NAME MARYLIN BARRIOS
1.3 STREET ADDRESS 13112 SW 128 ST
1.4 CITY-ST-ZIP MIAMI, FL 33186 ☒ Change ☒ Addition

TITLE VD
NAME GARCIA, JACQUELINE
STREET ADDRESS 6996 S.W. 47TH ST., #C
CITY-ST-ZIP MIAMI FL 33155 ☒ DELETE

2.1 TITLE VD
2.2 NAME JACQUELINE GARCIA
2.3 STREET ADDRESS 13112 SW 128 ST
2.4 CITY-ST-ZIP MIAMI, FL. 33186 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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, with all other like empowered. (PD)

SIGNATURE: *Marylin Barrios* MARYLIN BARRIOS 3/5/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)