

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

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	
2. Principal Place of Business 21 13112 SW 128 ST		2a. Mailing Address 26 13112 SW 128 ST	
Suite, Apt. #, etc. 22 MIAMI		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

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) 5390 SW 46 LN
83	
84	City MIAMI
85	Zip Code FL 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

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

(NOTE: Registered Agent signature required when reinstating)

3/5/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GOMEZ, OTILIA P	1.2 NAME	MARYLIN BARRIOS
STREET ADDRESS	6996 S.W. 47TH ST., #C	1.3 STREET ADDRESS	13112 SW 128 ST
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VD	2.1 TITLE	VD
NAME	GARCIA, JACQUELINE	2.2 NAME	JACQUELINE GARCIA
STREET ADDRESS	6996 S.W. 47TH ST., #C	2.3 STREET ADDRESS	13112 SW 128 ST
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	MIAMI, FL 33186
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 in an attachment with an address with all other like empowered. (PD)

SIGNATURE: *Marylin Barrios*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARYLIN BARRIOS 3/5/99

Daytime Phone #

2000

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

03-11-1999 90206 037 ***158.75



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 \$5.00 May Be Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

CR2E034 (11/98)