

FILE NCW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 13 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001540602
-07/18/95--01109--007
****225.00 ****225.00

DOCUMENT # *P9300025182*

1. Corporation Name

M-Ariel Complete Nursing Care, Inc.

Principal Place of Business

Mailing Address

8013 W 15th Ave.
C/o Amanda Rodriguez
Hialeah, FL 33014

8013 W 15th Ave.
C/o Amanda Rodriguez
Hialeah, FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Zip

Country

3. Date Incorporated or Qualified

1993

3a. Date of Last Report

1994

4. FEI Number

65-0406719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 Max. Be

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Amanda Rodriguez
8013 W 15th Ave.
Hialeah, FL 33014.

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

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 typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE P/S/T
NAME Amanda Rodriguez
STREET ADDRESS 8013 W 15th Ave.
CITY - ST - ZIP HIALEAH, FL 33014.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 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)(k), 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amanda Rodriguez. 5/29/95 (305) 820-0549

Date

Office Phone #