

FILE NOW: 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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:03

DOCUMENT # **P93000035068 (4)**

1. Corporation Name
FLORIDA CARE, INC.

Principal Place of Business
**110 NW 27 AVE
MIAMI FL 33125**

Mailing Address
**8357 WEST FLAGLER STREET
BOX 376
MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/10/1993

3a. Date of Last Report
03/25/1994

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

4. FEI Number
65-0408355

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

10. Name and Address of New Registered Agent

**ESTES, ROBERT K
3971 S.W. 8TH STREET
SUITE 308
MIAMI FL 33134**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 restate/ing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME **D GONZALEZ, PEDRO**
STREET ADDRESS **727 SW 25TH AVE.**
CITY-ST-ZIP **MIAMI FL 33135**

1.1 TITLE
1.2 NAME **D GONZALEZ, PEDRO** Change Addition
1.3 STREET ADDRESS **727 E. Dilido Drive**
1.4 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE
NAME **P GONZALEZ, JOEL**
STREET ADDRESS **926 SW 25TH AVE.**
CITY-ST-ZIP **MIAMI FL 33135**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME **T GONZALEZ, JANESEA E**
STREET ADDRESS **727 EAST DILIDO DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

TITLE
NAME **S GONZALEZ, JOSHUA**
STREET ADDRESS **727 EAST DILIDO DRIVE**
CITY-ST-ZIP **MIAMI FL 33139**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joel Gonzalez (President) **Joel GONZALEZ** 1/11/95 (305)643-9193