

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000035068 (4)**

1. Corporation Name

FLORIDA CARE, INC.



Principal Place of Business

Mailing Address

**110 NW 27 AVE
MIAMI FL 33125**

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

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ESTES, ROBERT K
3971 S.W. 8TH STREET
SUITE 306
MIAMI FL 33134**

3. Date Incorporated or Qualified

05/10/1993

3a. Date of Last Report

03/20/1995

4. FET 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

10. Name and Address of New Registered Agent

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 of Registered Agent or New Registered Agent

Signature of Registered Agent or New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, ST., ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST., ZIP
2. TITLE NAME STREET ADDRESS CITY, ST., ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST., ZIP
3. TITLE NAME STREET ADDRESS CITY, ST., ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST., ZIP
4. TITLE NAME STREET ADDRESS CITY, ST., ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST., ZIP
5. TITLE NAME STREET ADDRESS CITY, ST., ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST., ZIP
6. TITLE NAME STREET ADDRESS 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 form 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:

JOEL GONZALEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96
DATE

(305) 643-9193
TELEPHONE NUMBER

CR2E034 (12/95)