FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jun 17, 1996 08:00 AM
Secretary of State

DOCUMENT # **P93000053403 (0)**

1. Corporation Name
ACCU-CARE SERVICES INC.

Principal Place of Business
351 NW LE JEUNE RD.
SUITE 306
MIAMI FL 33126

Mailing Address
351 NW LE JEUNE RD.
SUITE 306
MIAMI FL 33126

3. Date Incorporated or Qualified: **07/30/1993**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **65-0439874** ☐ 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

SANCHEZ, GISELA
351 NW LE JEUNE RD.
SUITE 306
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: **GARCIA, MARTINEZ & DOMINGUEZ, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable): **501 N.E. 1st AVENUE, 2nd FLOOR**
83
84 City: **MIAMI** **FL** 85 Zip Code: **33132**

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: S Carlos Garcia, Esq. DATE: 5-30-96
Signature of New Registered Agent and Name of New Agent (Typed or Printed) — NOTE: Registered Agent's signature required for filing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P/T	☒ Change ☐ Addition
NAME	GARCIA-FERRO, MARIA		1.2 NAME	GARCIA-FERRO, MARIA	
STREET ADDRESS	12810 SW 47TH ST.		1.3 STREET ADDRESS	15480 S.W. 95 Lane	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33196	
TITLE	DV	☐ DELETE	2.1 TITLE	V/S	☒ Change ☐ Addition
NAME	FIGUEROA, JUANA ZOBEIDA		2.2 NAME	FIGUEROA, JUANA ZOBEIDA	
STREET ADDRESS	14155 SW 87TH ST.		2.3 STREET ADDRESS	3251 N.W. 34 Street	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33142	
TITLE	DST	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SANCHEZ, GISELA		3.2 NAME		
STREET ADDRESS	3934 RIVIERA DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: Marilyn Garcia-Ferro president 4/24/96 (305)643-3204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #