

FILE NOW; FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000060690 (3)

1. Corporation Name

ADVOCARE HEALTH SERVICES, INC.

Principal Place of Business

4700 N. STATE ROAD 7
STE. 108
LAUDERDALE LAKES FL 33319
US

Mailing Address

4700 N STATE ROAD 7
STE. 108
LAUDERDALE LAKES FL 33319-5803
US

2. Principal Place of Business

21 4221 SW 74th

Suite, Apt. #, etc.

22

City & State

23 Miami, Fla

Zip

24 33155

Country

25 Dade

2a. Mailing Address

26 4221 SW 74 COURT

Suite, Apt. #, etc.

27

City & State

28 Miami, Fla

Zip

29 33155

Country

30 Dade

9. Name and Address of Current Registered Agent

GORMAN, LENARD H ESQ
2855 LEJEUNE ROAD
SUITE PENTHOUSE 1-D
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

08/25/1993

3a. Date of Last Report

02/21/1996

4. FEI Number

65-0433830

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
CASTRO, ANA LORENA
9440 S.W. 54TH STREET
MIAMI L FL 33165

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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

ANA LORENA CASTRO

ANA LORENA CASTRO

04-21-97 (305) 266-2616



FILED
Apr 29 1997 8:00am
Secretary of State

CR2E034 (9/96)