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

DOCUMENT # **P93000067694 (8)**

1. Corporation Name

LUMAR'S HEALTH CARE CORP.

Principal Place of Business	Mailing Address
4794 SW 72ND AVENUE MIAMI FL 33155	4794 SW 72ND AVENUE MIAMI FL 33155

3. Date Incorporated or Qualified: **09/24/1993**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **68-0523029** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Street Address	Street Address
22	27
City & State	City & State
23	28
Zip / County	Zip / County
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

MARQUEZ, NIBARDO A
4794 SW 72ND AVENUE
MIAMI FL 33135

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 617.0501 and 617.0505, 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 617.0505, Florida Statutes.

SIGNATURE: _____ Name of New Registered Agent _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	☐ DELETE	1 Title	☐ Change ☐ Addition
Name		1 Name	
Street Address		1 Street Address	
City, St, Zip		1 City, St, Zip	
Title	☐ DELETE	2 Title	☐ Change ☐ Addition
Name		2 Name	
Street Address		2 Street Address	
City, St, Zip		2 City, St, Zip	
Title	☐ DELETE	3 Title	☐ Change ☐ Addition
Name		3 Name	
Street Address		3 Street Address	
City, St, Zip		3 City, St, Zip	
Title	☐ DELETE	4 Title	☐ Change ☐ Addition
Name		4 Name	
Street Address		4 Street Address	
City, St, Zip		4 City, St, Zip	
Title	☐ DELETE	5 Title	☐ Change ☐ Addition
Name		5 Name	
Street Address		5 Street Address	
City, St, Zip		5 City, St, Zip	
Title	☐ DELETE	6 Title	☐ Change ☐ Addition
Name		6 Name	
Street Address		6 Street Address	
City, St, Zip		6 City, St, Zip	

PD
MARQUEZ, NIBARDO A
4794 SW 72ND AVENUE
MIAMI FL 33155

700001723507
-02/26/96--01008--001
***208.75

14. I hereby certify that the information indicated on this report or supplemental 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 with an address.

SIGNATURE: _____ 2-25-96
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)