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 # **P93000067814 (2)**

1. Corporation Name

MEDERI PRIVATE CARE OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
% KTG&S REGISTERED AGENT CORPORATION 1401 BRICKELL AVE SUITE 700 MIAMI FL 33131	% KTG&S REGISTERED AGENT CORPORATION 1401 BRICKELL AVE SUITE 700 MIAMI FL 33131

3. Date Incorporated or Qualified: 09/28/1993

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

4. FEI Number: 65-0439006 ☐ 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
21 100 SE 2nd St.	26 100 SE 2nd St
22 Suite, Apt. #, etc. 28 Floor	27 Suite, Apt. #, etc. 28 Floor
23 City & State: Miami, Fl.	28 City & State: Miami, Fl.
24 Zip 33131 25 Country US	29 Zip 33131 30 Country US

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE
SUITE 700
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: KTG+S Registered Agent Corp.
82 Street Address (P.O. Box Number is Not Acceptable): 100 SE 2nd St.
83 28 Floor
84 City: Miami FL 85 Zip Code: 33131

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: _____ DATE: 3/25/96

Signature of new registered agent if changing (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	☑ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	~~SYKES, HARLEY~~		1.2 NAME	
STREET ADDRESS	~~2401 DOUGLAS RD~~		1.3 STREET ADDRESS	
CITY-ST-ZIP	~~CORAL GABLES FL~~		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NESSLEIN, DAVID		2.2 NAME	
STREET ADDRESS	2401 DOUGLAS RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VAZQUEZ, SANDRA		3.2 NAME	
STREET ADDRESS	P.O. BOX 144007 N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES		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	100001796851
STREET ADDRESS			5.3 STREET ADDRESS	-04/26/96--01094--018
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00
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)(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 added in an attachment with an address.

SIGNATURE: _____ 3/25/96 (954) 414-1350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

David Nesslein Secretary