

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jul 29 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P93000087966 (6)**

1. Corporation Name  
**PRIME CARE HEALTH CENTER, INC.**



Principal Place of Business: **2409 N W 17 AVE, 6601 SW 48TH ST, MIAMI FL 33142, US**  
 Mailing Address: **P O BOX 14-1416, CORAL GABLES FL 33114-1416, US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/23/1993**  
 4. FEI Number: **65-0462922**  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24  
 25  
 26  
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9. Name and Address of Current Registered Agent  
**CARRERAS, RAUL JR**  
**909 PONCE DE LEON BLVD**  
**SFE 700**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
 81 Name: **Joseph L. Caruncho, Esquire**  
 82 Street Address (P.O. Box Number is Not Acceptable): **2600 Douglas Road**  
 83 **Suite # 500-A**  
 84 City: **Coral Gables, FL** 85 Zip Code: **33134**

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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **Joseph L. Caruncho, Esquire** DATE: **April 15, 1998**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	AGUILAR, JUAN CARLOS	
STREET ADDRESS	8265 S W 2ND STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GONZALEZ, CECILIO F	
STREET ADDRESS	6932 SUNRISE TERRACE	
CITY - ST - ZIP	CORAL GABLES FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gonzalez, Cecilio F.
2.3 STREET ADDRESS	6932 Sunrise Terrace
2.4 CITY - ST - ZIP	Coral Gables, FL, 33133
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300002608869
5.3 STREET ADDRESS	-08/06/98--01007--042
5.4 CITY - ST - ZIP	***163.75
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(ii), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: **Juan C. Aguilar, MD, President** 04-15-98 (305) 633-9494