


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

FILED

Mar 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000003895 (7)**

1. Corporation Name

SENIOR PSYCH CARE, P.A.



Principal Place of Business 2730 NW 22ND AVE. SUITE 102 MIAMI FL 33142 US	Mailing Address 20105 NE 3RD CT. 4 N MIAMI BCH FL 33179 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 20105 NE 3rd Ct Suite, Apt. #, etc. 22 Unit 4 City & State 23 N. Miami FL. Zip 24 33179 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 01/15/1994	4. FEI Number 65-0440401 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent MILLER, DAMARIS G 2630 NE 203RD ST SUITE 103 AVENTURA FL 33180				10. Name and Address of New Registered Agent 81 Name Damaris Gonzalez 82 Street Address (P.O. Box Number is Not Acceptable) 20105 NE 3rd Court, Unit 4 83 Miami Florida 84 City FL 85 Zip Code 33179			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, DAMARIS G			1.2 NAME	Gonzalez, Damaris		
STREET ADDRESS	2630 NE 203RD ST., #103			1.3 STREET ADDRESS	20105 NE 3rd Court Unit 4		
CITY-ST-ZIP	AVENTURA FL			1.4 CITY-ST-ZIP	miami FL 33179		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUMARIS VILLALONGA			2.2 NAME			
STREET ADDRESS	2730 NW 22ND AVE., STE C			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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(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 appear Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Damaris Gonzalez **DAMARIS GONZALEZ**

3/3/98

CR2E034 (10/97)