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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## P94000011515 (1) DOCUMENT # 1. Corporation Name

MED-CARE HEALTH CENTERS, INC.							
Principal Place o	of Business	Mailing Address			i	901 (1981 611 <del>8</del> 1	EE  6  1  00
•	DE LEON BLVD	1200 PONCE DE LI CORAL GABLES FL					
				3. Date incorporated or Quali 02/03/1994		of Last Re 5/01/199	•
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number			Applied For
21		26		65-0462834			Not Applicable  Additional
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.	•	<ol><li>Certificate of Status Desire</li></ol>	d D		Required
City & State	A. A	City & State		6. Election Campaign Financi	ng _	\$5.00	May Be
23		28		Trust Fund Contribution	L	Added	to Fees
Zip	Country	Zip	Country	8. This corporation has liabilit	y for intangible ta	ax under s	199.032,
24	[25]	29	30	Florida Statutes LE  10. Name and Address of N	Yes No	Anent	
	9. Name and Address of C	Current Registered Agent	B1 Name		CO CO	ngviii	
			1 1	DEHCEMEND, WILL	FKID	<del></del>	
BRACER	AS, WILFRED		82 Street	Address (P.O. Box Number is Not Acc	eptable/	F	
	NCE DE LEON BLVD.		83	0 WX31 30 A	0/*-**	····	
CURAL	GABLES FL 33134				<del></del>	leel 35	Code
			84 City	tialeah	FL	. 85 24	338/0
		1000 1000 51 11 01	atutes, the above-named o	corporation submits this statement for the	ne purpose of cha	anging its re	egistered office
11 Durement to	the provisions of Sections 60	7.0502 and 607.1508, Fiorida Sta			e annonintment as	registorea	agent. i am
11. Pursuant to or registere	o the provisions of Sections 60 ed agent, or both, in the State of	7.0502 and 607.1508, Florida Sta of Florida. Such change was auth f. Section 607.0505, Florida Stati	orlzed by the corporation's	s board of directors. I hereby accept the	c C		
familiar witr	o the provisions of Sections 60: or agent or both, in the State on, and accept the obligations of	7.0502 and 607.1508, Florida Sta of Florida. Such change was auth f, Section 607,0505, Florida Statu	orized by the corporation's utes.	s board of directors. Thereby accept the	126/96	••	
SIGNATURE	n, and accept the obligations	Commence of the commence of th	orized by the corporation's utes.  [NOTE: Registered Agent signature	regured wher reliestalling)	126/96 DATE	• •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	n, and eccept to obligations. Signature, typedkin mitted name of register	ed agent and little if applicable		record when relocating ADDITIONS/CHANGES TO	DOFFICERS AND	DIRECTO	PRS IN 12
SIGNATURE.	n, and eccept to obligations. Signature, typedkin mitted name of register	od agent and title if applicable	(NOTE: Registered Agent signature	required when relastatings  ADDITIONS/CHANGES TO  PSTD	JEG/96 DOFFICERS AND	• •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE.	of FICER  PD  BRACERAS, WILFRED	od agent and little l'application RS AND DIRECTORS  DELETE	NOTE: Registered Agent agenture  13. 1.1 TITLE 1.2 NAME	required when relastatings  ADDITIONS/CHANGES TO  PSTD	JEG/96 DOFFICERS AND	DIRECTO	PRS IN 12
SIGNATURE.	PD BRACERAS, WILFRED 1200 PONCE DE LEON	od agent and little l'application RS AND DIRECTORS  DELETE	INOTE: Bugistered Agent signature  13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS	required when reinstalling)  ADDITIONS/CHANGES TO  PSTD  BEACERAS WILFR 590 WEST 3016 ST	SIGN 96 DOFFICERS AND	DIRECTO	PRS IN 12
SIGNATURE.  \$ 12.  TITLE NAME	PD BRACERAS, WILFRED 1200 PONCE DE LEON CORAL GABLES FL	od agent and little flagglicatels RS AND DIRECTORS DELETE	NOTE   Registered Agent signature   13.	required when relastatings  ADDITIONS/CHANGES TO  PSTD	DOFFICERS AND  FD  EFFT  O  O  O  O  O  O  O  O  O  O  O  O  O	DIRECTO ACChange	DRS IN 12
SIGNATURE.  12.  TITLE  NAME  SIREET ADOR! SS	PD BRACERAS, WILFRED 1200 PONCE DE LEON CORAL GABLES FL	od agent and little l'application RS AND DIRECTORS  DELETE	INOTE: Registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	required when reinstalling)  ADDITIONS/CHANGES TO  PSTD  BEACERAS WILFR 590 WEST 3016 ST	DOFFICERS AND  FD  EFFT  O  O  O  O  O  O  O  O  O  O  O  O  O	DIRECTO	PRS IN 12
SIGNATURE.  12.  TITLE  NAME  SIREET ADORESS  CHY-SI-ZIF	PD BRACERAS, WILFRED 1200 PONCE DE LEON CORAL GABLES FL VD BEL, BARIZ M	ed agent and ide d'applicable SS AND DIRECTORS DELETE  I BLVD.	INOTE: Registered Agent ageniture  13. 1. 1 TITUE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITUE 22 NAME	required when releastalings  ADDITIONS/CHANGES TO  PSTD  BRACERAS WILFR 590 WEST 2016 STO  HIALRAL, FL 3301	DOFFICERS AND  FD  EFFT  O  O  O  O  O  O  O  O  O  O  O  O  O	DIRECTO ACChange	DRS IN 12
Tamiliar Will SIGNATURE  12. TITLE NAME SIREET ADORESS CITY-ST-2IF TITLE	PD BRACERAS, WILFRED 1200 PONCE DE LEON CORAL GABLES FL  VD BEL, BARIZ M 2221 COUNTY-CLUB P	ord agent and into if applicable  This AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	INOTE: Registered Agent ageniture  13. 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	required when releastalings  ADDITIONS/CHANGES TO  PSTD  BRACERAS WILFR 590 WEST 2016 STO  HIALRAL, FL 3301	DOFFICERS AND  FD  EFFT  O  O  O  O  O  O  O  O  O  O  O  O  O	DIRECTO ACChange	DRS IN 12
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TAMBIAN WILL SIGNATURE.  12. TITLE NAME SIREET ADDRESS CHY-SI-ZIP TITLE NAME SIREET ADDRESS CHY-SI-ZIP TITLE NAME SIREET ADDRESS CHY-SI-ZIP TITLE	PD BRACERAS, WILFRED 1200 PONCE DE LEON CORAL GABLES FL  VD BEL, BARIZ M 2221 COUNTY-CLUB P	ord agent and into if applicable  This AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	NOTE: Registered Agent agniture  13. 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	required when relievatings  ADDITIONS/CHANGES TO  PSTD  BEACERAS WILFR 590 WEST 2016 STO  HIALRAL, FL 3301	JEG/96 DATE DOFFICERS AND I EFF O	DIRECTO ACChange	PRS IN 12 Addition Addition
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not be reply certify that the information indicated on this arrival 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 131 changed, or on an attachment with an address.

SIGNATURE:

Daytime Phone #