

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000011515 (1)

1. Corporation Name

MED-CARE HEALTH CENTERS, INC.



Principal Place of Business: 1200 PONCE DE LEON BLVD CORAL GABLES FL 33134
Mailing Address: 1200 PONCE DE LEON BLVD CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 02/03/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0462834
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 (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: BRACERAS, WILFRED 1200 PONCE DE LEON BLVD. CORAL GABLES FL 33134

10. Name and Address of New Registered Agent: B1 Name: BRACERAS, WILFRED; B2 Street Address: 390 WEST 20th STREET; B4 City: Hialeah FL; B5 Zip Code: 33010

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] DATE: 04/26/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: BRACERAS, WILFRED	1.1 TITLE: PST D	1.2 NAME: BRACERAS, WILFRED
STREET ADDRESS: 1200 PONCE DE LEON BLVD.	CITY-ST-ZIP: CORAL GABLES FL	1.3 STREET ADDRESS: 590 WEST 20th STREET	1.4 CITY-ST-ZIP: Hialeah, FL 33010
TITLE: VD	NAME: BEL, BARIZ M	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 2221 COUNTY CLUB PRADO	CITY-ST-ZIP: CORAL GABLES FL 33134	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE:	NAME:	3.1 TITLE:	3.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE:	NAME:	4.1 TITLE:	4.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

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, changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 04/26/96

CR2E034 (12/95)