

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000019986 (6)

1. Corporation Name

AMERICAN MED CARE, INC.



Principal Place of Business

Mailing Address

~~% APPELROUTH FARAH & CO.~~
~~999 PONCE DE LEON BLVD., STE. 625.~~
~~CORAL GABLES FL 33134~~

% APPELROUTH FARAH & CO.
999 PONCE DE LEON BLVD., STE. 625
CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 18290 S.W. 122 ST

27 P.O. Box 960550

City & State

City & State

23 MIAMI FL.

28 MIAMI, FL.

Zip

Country

Zip

Country

24 33196

25 DADE

29 33296-0550

30 DADE

3. Date Incorporated or Qualified

03/14/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0489500

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. 190.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PONCE, S. DANIEL
200 SOUTH BISCAYNE BLVD.
STE. 2100
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, Sect on 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of the registered agent and the applicable

date of the Registered Agent Signature is provided when required.

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME GONZALEZ, CARLOS
STREET ADDRESS 999 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE PRESIDENT ☐ Change ☒ Addition
12 NAME Carlos M. Campos
13 STREET ADDRESS 18290 S.W. 122 ST.
14 CITY-ST-ZIP MIAMI, FL. 33196

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS

44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS

54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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, and that my name appears in Block 12 or Block 13 if changed, as shown in attachment with address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos M. Campos

8/10/96

305-232-9664

CR2E034 (3/96)