

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:18

DOCUMENT # **P94000022112 (4)**

1. Corporation Name
VC HEALTH ENTERPRISES, INC.

Principal Place of Business Mailing Address
2355 SALZEDO STREET **2355 SALZEDO STREET**
SUITE 308 **SUITE 308**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
03/22/1994

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number Applied For
65-0486845 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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, PEREZ-SIAM & GRUENINGER
122 MINORCA AVE.
CORAL GABLES FL 33134

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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME **GOMEZ, VICTOR E**
STREET ADDRESS **2355 SALZEDO STREET, SUITE 308**
CITY - ST - ZIP **CORAL GABLES FL 33134**

TITLE VD
NAME **PERALES, CHRISTINE**
STREET ADDRESS **2355 SALZEDO STREET, SUITE 308**
CITY - ST - ZIP **CORAL GABLES FL 33134**

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or as an addition with an address.

SIGNATURE:

[Signature]
Signature typed or printed name of signing officer or director
VICTOR E. GOMEZ, President

1-20-95
Date Daytime Phone #