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Apr 29, 1999 8:00 am Secretary of State

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Mailing Address

161 MADEIRA AVE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000022112

1. Corporation Name

Principal Place of Business 161 MADEIRA AVE

VC HEALTH ENTERPRISES, INC.

CORAL GABLES FL 33134 CORAL GABLES FL 33134									DO NOT WRITE IN THIS SPACE							
US		US					3. Date ir corporated or Qualifed									
								1	03/22	/1994						
2. Principal Pl	lace of Business		2a. Mailing Address					4.	FEI Nu	mber					App	lied For
21			26					1	65-04	86845					Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.								- B:1			\$8.	75 A	Iditional
22			27					5.	Certifo	ite of Status	s Desirea			Fe	e Rec	uired
City & State			City & State					- 6	Electio	Campaigr	Financino			\$5	.00.	lay Be
23			28							und Contrib	_	, D		,	ded to	•
Zip	Country		Zip Cou			,		-		rporation or		irrent ve	ar nta	naible		-
—	25	,	29	30	•					al Property				Yes	s	IJNo
24	9. Name and Add	ass of Current								and Addre		Regist	ered A	gent		
	o. Name and Add	esa or carrent	registe va rigent		81	ΓN	lame									
GARCIA, PEREZ-SIAM & GRUENINGER																
	MINORCA AVE.		•			S	Street Acc	treet Acdress (P.O. Box Number is Not Acceptable)								
CORAL GABLES FL 33134					83	+				 -						
COR	ML GADLES PL 33	134			63	'										
					84	ı	City							85	Zip C	ode
						1	•						<u>FL</u>			
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 bo h, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered																
office crr	egistered agent, or bo m familiar with, and ad	h, in the State of cept the obligation	r Florida. Such change was ons of, Section 607.0505, Fl	autnorize Iorida Sta	eo by atutes	rine 3.	corpora	HON'S DO	aru oi c	mectors. i ii	iereby acc	ehr me d	appoin	unciit	as reg	30000
	in jamma. Inter, and a															
SIGNATURE	Signature, typed or printed na	ne of registered agent	and title if applicable. (NOT	Ti : Register	ed Ager	nt sig	nature requ	red when re	einstating)			DA	TE			
12.		OFFICERS AND	DIRECTORS	13	3.				ADDITIC	NS/CHAN	GES TO O	FFICER	S AND	DIRE	ECTO	S IN 12
TITLE	PD		☐ DELETE	11	TITLE									☐ Chi	ange	☐ Addition
NAME	GOMEZ, VICTOR	F		1.2	NAME		İ									
STREET ADDRE 3S	161 MADEIRA AV			1.3	STREET	T ADI	DRESS									
	CORAL GABLES			•	CITY-S											
CITY-ST-ZIP	VD	<u></u>	DELETE		TITLE	31-21	-							☐ Ch	ange	Addition
	· -		_		2.2 NAME											
NAME	PERALES, CHRISTINE		1													
STREET ADDRESS	161 MADEIRA AVE., #62				2.3 STREET ADDRESS											
CITY-ST-ZIP	CORAL GABLES	rL			2.4 CITY-ST-ZIP								Chi	2000	Addition	
TITLE			□ DELETE		3.1 TITLE										arige	☐ Notition
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CITY-ST-ZIP				44	CITY-S	ST-ZIF	_P									
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STREET ADDREES			<u>.</u> .	5.3	STREE	ET ADI	DRESS -						-			<u>.</u>
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STREET ADDRESS				6.3	SIREE	:1 AD	רעבסט									Ì

14. I hereby certify that the informat on 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 of 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 if changed, of on an area of nearwith an address, with a Lother like empowered.

SIGNATURE:

OR I RINTED NAME OF SIGNING OFFICER: OR DIRECTOR