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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P94000024336 (7)

REAL CARE MEDICAL CENTER, INC.

Mailing Address Principal Place of Business 2235 N.W. 20TH ST. MIAMI FL 33142 2235 N.W. 20TH ST. MIAMI FL 33142



						3. Date incorporated or Qualified 03/30/1994	3a. Date of Last Report 11/06/1995			
2. Principal Plac	ea of Business	2a. Mailing Address				4. FEI Number		Ar	pplied For	
	se of Fidantess	26				65-0478860 Not Applicable			ot Applicable	
Stille, Apt. #,	elc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State City & State						6. Election Campaign Financing		\$5.00	May Be	
23 28						Trust Fund Contribution			to Fees	
Z _I O	Country	Zip	Cou	ntry		8. This corporation has liability for	intangible ta	k unders 1	199.032,	
11	25 29 30					Florida Statutes Yes No				
4	9. Name and Address of Curre					10. Name and Address of New R	egistered /	igent		
	9. 1			81 Nan	ie 🔏	AULC HERNANDEZ	>			
	DES 4101171				771	JULC FIERNANUE	olo)		 	
HERNANDEZ, MIGUEL				82 Stre	et Addre	ss (P.O. Box Number is Not Acceptable)	14	51		
	V 20TH ST.				70	40 				
MIAMI FI			83							
				84 City			F*1		Code	
					DAY	// & ation submits this statement for the put of directors. I bereby accept the app	FL		<u>_/ دی.</u>	
or registere familiar with SIGNATURE	a agent, or born, in the state of root, and accept the obligation of, So	2001 6(17.05)5, Florida Statute	25.			d of directors. I hereby accept the app		, עקבי		
	All the state of t			d Agent signati	ır€ required	when reinstaling/ ADDITIONS/CHANGES TO OFF				
12.		ND-DIRECTORS	13.			ADDITIONS/GHANGES TO CIT		Change	Addition	
1111E	PD	DELETE	1.11		1					
NAME	HERNANDEZ, MIGUEL		121	AME						
STREET ADDRESS	C/O 2235 NW 20TH ST.		1.3 \$	TREET ADDRE	ss					
Crity - S1 - ZIP	MIAMI FL		1.4 (ITY-ST-ZIP						
111.5		DELETE	2 1	TITLE	- [i	Change	Addition	
NAME			221	IAME	1					
STREET ADDRESS			235	TREET ADDRE	ss					
			24(CITY-ST-ZIP						
CHY-SI ZiP		DELETE		TITLE				Change	Addition	
			321	NAME						
NAME			2.2	STREET ADDR	FSS					
STEEL LADDRESS				CITY-ST-ZIP						
DIY-\$1 ZP		T) DELETE		TITLE				Change	Addition	
THIE		← perrie					'			
NAME			1	NAME						
STREET ADDRESS			Į.	STREET ADDR	:55					
City-S1-ZIP				CITY-ST-ZIP	$-\!$			Change	☐ Addition	
THE		☐ DELETE	•	TITLE	1			Undirige	LI MODITION	
IAME			5.2	NAME						
THEF! ACIDRESS	Į.		53	STREET ADDR	/SS					
111 Y - ST - ZIF			5.4	CITY - ST - ZIP						
Tinks		DELETE	6 1	TITLE				Change	☐ Addition	
NAME			6.2	NAME	1					
STREET AUDRESS	1		6.3	STREET ADDR	ESS					
				CITY-ST-ZIP						
CITY-ST-ZIP		ad with this files is valuaterily f	urnished an	d does not	qualify f	for the exemption stated in Section 11	9.07(3)(k), F	orida Statu	tes. I further	

Loo 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 if changed or on an attachment with an address.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR