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 # **P94000027353 (9)**

1. Corporation Name
THE GOLDEN AGE HEALTH ADULT DAY CARE, INC.

Principal Place of Business
2742 S.W. 8TH ST.
SUITE 9
MIAMI FL

Mailing Address
2742 S.W. 8TH ST.
SUITE 9
MIAMI FL

3. Date Incorporated or Qualified: **04/11/1994**
3a. Date of Last Report: **08/25/1995**

2. Principal Place of Business
21 2432-34 SW 137 Ave
22 Suite, Apt. #, etc. Miami
23 City & State Fla
24 Zip 33175 25 County Dade

2a. Mailing Address
26 2432-34 SW 137 Ave
27 Suite, Apt. #, etc. Miami
28 City & State FL
29 Zip 33175 30 County Dade

4. FEI Number **65-0527517** — 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MADRIGAL, NANCY C
7812 S.W. 35TH TERRACE
MIAMI FL 33155

10. Name and Address of New Registered Agent
81 Name Norma R. Trabanco
82 Street Address (P.O. Box Number is Not Acceptable) 13699 SW 80 St
83
84 City Miami FL 85 Zip Code 33183

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 X Trabanco — Signature, typed or printed name of registered agent, and title, if applicable — DATE 4/18/96

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	MADRIGAL, NANCY C	
STREET ADDRESS	7812 S.W. 35TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Norma R. Trabanco	
1.3 STREET ADDRESS	13699 SW 80 St	
1.4 CITY-ST-ZIP	Miami FL 33183	
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 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: X Trabanco — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/18/96 — Daytime Phone #

CR2E034 (12/95)