

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 # P94 0000 30705

1. Corporation Name

L & I Health Care, Inc.

Principal Place of Business

Mailing Address

1850 SW 8 Street  
Ste. 204B  
Miami, FL 33135

1850 SW 8 Street  
Ste. 204B  
Miami, FL 33135

2. Principal Place of Business

2a. Mailing Address

21 1850 SW 8 Street

26 1850 SW 8 Street

3. Date Incorporated or Qualified  
4-21-94

3a. Date of Last Report

4. FEI Number

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

22 Ste. 204B

27 Ste. 204B

23 Miami, FL

28 Miami, FL

24 33135 25 USA

29 33135 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Lilia J. Rodriguez  
1850 SW 8 Street, Ste. 204B  
Miami, FL 33135

81 Name  
Lilia J. Rodriguez  
82 Street Address (P.O. Box Number is Not Acceptable)  
1850 SW 8 St.  
83 # 204B  
84 City  
Miami  
85 Zip Code  
FL 33135

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

*Lilia J. Rodriguez*

Lilia J. Rodriguez, Registered Agent

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Lilia J. Rodriguez, President  
1850 SW 8 Street # 204B  
Miami, FL 33135

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
President  
Lilia J. Rodriguez  
1850 SW 8 St. # 204B  
Miami, FL 33135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Ines Hoyos  
1850 SW 8 Street # 204B  
Miami, FL 33135

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
Vice President  
Lilia J. Rodriguez  
1850 SW 8 St. # 204B  
Miami, FL 33135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[ ] DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
[ ] Change [ ] Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[ ] DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
[ ] Change [ ] Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[ ] DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
[ ] Change [ ] Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[ ] DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
[ ] Change [ ] Addition

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 119.043(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:

*Lilia J. Rodriguez*  
Lilia J. Rodriguez, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)