FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:07

DOCUMENT # **P94000042159 (1)**

1. Entity Name

MIAMI HEALTH CARE, INC.

Principal Office	Mailing Address
6101 SW 114 AVE MIAMI FL 33173	6101 SW 114 AVE MIAMI FL 33173

3. Date Incorporated/Qualified: **05/31/1994** 3a. Date First Report

4. FEI Number: **65-0502778** 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 is subject to provisions of Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

PEREZ, SALIMI B
6101 SW 114 AVE
MIAMI FL 33173

10. Name and Address of New Registered Agent

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 Section 607.0505, 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 (if necessary) and agree to comply with the provisions of Florida Statutes relative to keeping open said office.

SIGNATURE: 4/24/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PEREZ, SALIMI B
STREET ADDRESS	6101 SW 114 AVE
CITY-ST-ZIP	MIAMI FL 33173

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

Change / Addition

REMITTED BY MAY 1

14. I 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)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address, with an asterisk, or on an attachment with an asterisk.

SIGNATURE: 4/24/95 (305) 597-8591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0180000 CP