

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P94000042159 (1)**

95 MAY -1 AM 10: 07

MIAMI HEALTH CARE, INC.

Principal Office Location

Mailing Address

6101 SW 114 AVE
MIAMI FL 33173

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MIAMI FL 33173

(If Not Applicable, Leave Blank)

3. Date of Corporation's Incorporation 05/31/1994		3a. Date of Last Report	
2. Filing year (last full year)	2b. Mailing Address	4. FID Number 65-0502778	Applied Fee Not Applicable
21. State Agent #	26. State Agent #	5. Certificate of Status Entered	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23. FID	28. FID	8. This corporation has liability for information fee under § 199.013, Florida Statutes.	☐ Yes ☒ No
24. ☐	25. ☐	29. ☐	30. ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREZ, SALIMI B
6101 SW 114 AVE
MIAMI FL 33173**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

11. Pursuant to the provisions of the laws of the State of Florida, the above named corporation submits this statement for the purpose of changing its registered office 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 provisions of the laws of the State of Florida.

SIGNATURE: *Salimi B. Perez*

4/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGED OFFICERS AND DIRECTORS	
1. NAME D PEREZ, SALIMI B	1. NAME	☐ Change ☐ Addition	
2. STREET ADDRESS 6101 SW 114 AVE	2. STREET ADDRESS	☐ Change ☐ Addition	
3. CITY MIAMI	3. CITY	☐ Change ☐ Addition	
4. STATE FL	4. STATE	☐ Change ☐ Addition	
5. FID 65-0502778	5. FID	☐ Change ☐ Addition	
6. NAME	6. NAME	☐ Change ☐ Addition	
7. STREET ADDRESS	7. STREET ADDRESS	☐ Change ☐ Addition	
8. CITY	8. CITY	☐ Change ☐ Addition	
9. STATE	9. STATE	☐ Change ☐ Addition	
10. FID	10. FID	☐ Change ☐ Addition	
11. NAME	11. NAME	☐ Change ☐ Addition	
12. STREET ADDRESS	12. STREET ADDRESS	☐ Change ☐ Addition	
13. CITY	13. CITY	☐ Change ☐ Addition	
14. STATE	14. STATE	☐ Change ☐ Addition	
15. FID	15. FID	☐ Change ☐ Addition	
16. NAME	16. NAME	☐ Change ☐ Addition	
17. STREET ADDRESS	17. STREET ADDRESS	☐ Change ☐ Addition	
18. CITY	18. CITY	☐ Change ☐ Addition	
19. STATE	19. STATE	☐ Change ☐ Addition	
20. FID	20. FID	☐ Change ☐ Addition	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided by Section 199.013, Florida Statutes. I further certify that the information was filed on this person's report or supplemental annual report, and as a result, and that my signature shall have the same legal effect as if made under oath. I am available for clarification of this corporation or the reasons for this change, as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE: *Salimi B. Perez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 (201) 5938591