

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26 1997 8:00am
Secretary of State

DOCUMENT # **P94000042159 (1)**

1. Corporation Name
MIAMI HEALTH CARE, INC.



Principal Place of Business

**6101 SW 114 AVE
MIAMI FL 33173**

Mailing Address

**6101 SW 114 AVE
MIAMI FL 33173-1084**

3. Date Incorporated or Qualified
05/31/1994

3a. Date of Last Report
02/16/1996

2. Principal Place of Business

21 **313-317 Minorca Ave.**

State, Apt. #, etc.

22 City & State

23 **Coral Gables, FL**

Zip

24 **33134**

Country

25 **U.S.**

2a. Mailing Address

26 **313-317 Minorca Ave.**

State, Apt. #, etc.

27 City & State

28 **Coral Gables, FL**

Zip

29 **33134**

Country

30 **U.S.**

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 has liability for intangible tax under s. 199.032,
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 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

Salimi B. Perez

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
		313-317 Minorca Avenue	Coral Gables, Florida 33134	☒	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	☐	☐

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

3/22/97

(305) 445-5899

CR2E034 (9/96)