SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 14 AM 11:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000042800 (0)**

1. Corporation Name
MEDICAL CARE CENTER, INC.

Principal Place of Business	Mailing Address
~~2220 N.W. 27TH AVE. MIAMI FL 33142~~ 1925 E 4 Ave #1 Hialeah FL 33010	~~2220 N.W. 27TH AVE. MIAMI FL 33142~~ 1925 E 4 Ave #1 Hialeah FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1994	3a. Date of Last Report
4. FEI Number: 65-0496628	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 paid intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)

9. Name and Address of Current Registered Agent

~~EGUSQUIZA, JORGE~~ Egusquiza Jorge
~~8835 N.W. 27TH AVE.~~ 1925 E 4 Ave #1
~~MIAMI FL 33147~~ Hialeah FL 33010

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 _____ (DATE)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS (ATTACH LIST IF NECESSARY)	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME *	~~EGUSQUIZA, JORGE~~ Egusquiza Jorge	12 NAME	
STREET ADDRESS	~~2220 N.W. 27TH AVE~~ 1925 E 4 Ave #1	13 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33142~~ Hialeah FL 33010	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	Freddy H. Melero	22 NAME	
STREET ADDRESS	1925 E 4 Ave #1	23 STREET ADDRESS	
CITY-ST-ZIP	Hialeah, FL. 33010	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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 any attachment with an address.

SIGNATURE: X Egusquiza — June 08/95 — (305) 889-6665
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — DAYTIME PHONE #

0044445 CP