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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P94000048523

1. Corporation Name
V.M.R. HEALTH CARE SERVICES, INC

Principal Place of Business	Mailing Address
10661 N. KENDALL DR SUITE 116 MIAMI FL 33176	10661 N. KENDALL DR. SUITE 116 MIAMI, FL 33176

3. Date Incorporated or Qualified: 06/29/94
3a. Date of Last Report: 10/05/95

2. Principal Place of Business	2a. Mailing Address
21 10661 N. KENDALL DR	26 10661 N. KENDALL DR
Suite, Apt. #, etc. 22 SUITE 113	Suite, Apt. #, etc. 27 SUITE 113
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip / Country 24 33176 / 25 DADE	Zip / Country 29 33176 / 30 DADE

4. FEI Number: 65-0522717 ☐ 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	10. Name and Address of New Registered Agent
MERIY VELAZQUEZ 10661 N. KENDALL DRIVE SUITE 116 MIAMI, FL 33175	81 Name: MERIY VELAZQUEZ 82 Street Address (P.O. Box Number is Not Acceptable): 10661 N. KENDALL DRIVE SUITE 113 83 84 City: MIAMI FL 85 Zip Code: 33175

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P, VP	☐ DELETE	11 TITLE	P, VP, S, T	☐ Change ☐ Addition
NAME	MERIY VELAZQUEZ		12 NAME	MERIY VELAZQUEZ	
STREET ADDRESS	10661 N. KENDALL DRIVE 113		13 STREET ADDRESS	10661 N. KENDALL DRIVE 113	
CITY-ST-ZIP	MIAMI FL 33175		14 CITY-ST-ZIP	MIAMI FL 33175	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☒ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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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: X _____ President _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #