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

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 AUG -7 AM 10:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000060208 (3)**

1. Corporation Name
**OCEAN HEALTH CARE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 601 S.W. 57TH AVE.<br>SUITE A<br>MIAMI 33 14455 | 601 S.W. 57TH AVE.<br>SUITE A<br>MIAMI 33 14455 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/16/1994
3a. Date of Last Report: 3/31/95

2. Principal Place of Business — 21: Same
2a. Mailing Address — 26: 8357 West Flagler St.
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27: 399
City & State — 23:
City & State — 28: Miami
ZIP — 24:
Country — 25:
ZIP — 29: FL
Country — 30: 33144

4. FEI Number: 65-0512635 ☐ 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

PITALUGA, JORGE L
8402 S.W. 38TH ST.
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: Same
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: [signature] (Name of person signing must be registered agent and title if applicable) (NOTE: Registered Agent signature required when indicated.) DATE: 4/17/95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PTD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | PITALUGA, JORGE L | 12 NAME | |
| STREET ADDRESS | 8402 S.W. 38TH ST. | 13 STREET ADDRESS | N/A |
| CITY ST ZIP | MIAMI FL 33155 | 14 CITY ST ZIP | |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY ST ZIP | | 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 | |

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 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:** [signature] 4/17/95 (305) 264-1911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0150040 CP