**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P9400060855**

1. Corporation Name

SAN RAFAEL CARE INC.

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90044 036 \*\*\*158.75



| •   |  |                                  |                     |                                     |   |   |                                     |                           |
|---|--|----------------------------------|---------------------|-------------------------------------|---|---|-------------------------------------|---------------------------|
| Principal Place of Business Mailing Address                                   |  |                                  |                     |                                     |   |   |                                     |                           |
| 15900 S.W. 81ST TERRACE 15900 S.W. 81ST TERRACE MIAMI FL 33193 MIAMI FL 33193 |  |                                  | Ī                   |                                     |   | DO NOT WRITE IN T   | HIS SPACE                           |                           |
|   |  |                                  |                     |                                     |   | 3. Date Incorporated or Qualifed  |                                     |                           |
|   |  |                                  | •                   |                                     |   | 08/18/1994  |                                     |                           |
| 2. Principal Place of Business 2a. Mailing Address                            |  |                                  | -                   | · · · · · · · · · · · · · · · · · · |   | 4. FEI Number   | A                                   | pplied For                |
| 21 26   |  |                                  |                     |                                     |   | 65-0513350  |                                     | ot Applicable             |
| Suite, Apt. #, etc. Suite, Ap 22 27   |  |                                  | e, Apt. #, etc.     |                                     |   | 5. Certifcate of Status Desired   | \$8.75 Additional Fee Required      |                           |
| City & State  | •  | City & State                     | ¬ '                 |                                     | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be<br>Added to Fees  |                                     |                           |
| Zip   | Country  | Zip                              | Coun                | itry                                |   | 8. This corporation owes the current year   | _                                   | _                         |
| 24  | 25   | 29                               | 30                  |                                     |   | Personal Property Tax.  | ∐ Yes                               | □No                       |
|   | 9. Name and Address of Current   | Registered Agent                 |                     | 1                                   |   | 10. Name and Address of New Registe   | red Agent                           |                           |
| DATE  | CTA DACACIT  |                                  | i                   | 81                                  | Name  |   |                                     |                           |
| BATISTA, RAFAEL T<br>15900 S.W. 81ST TERRACE                                  |  |                                  | ļ.                  | 82                                  | Street Add  | Address (P.O. Box Number is Not Acceptable)   |                                     |                           |
| MIAN  | II FL 33193  |                                  | L                   | 83                                  |   |   | 1 - 1 · -                           | C-4-                      |
|   |  |                                  |                     | 84                                  | City  |   | FL   _                              | Code                      |
| office or re<br>agent. I ar   | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligat | of Florida. Such change was a    | uthonzed            | hv ti                               | -named corp<br>he corporati                             | poration submits this statement for the purposion's board of directors. I hereby accept the a | e of changing if<br>ppointment as i | s registered<br>egistered |
| SIGNATURE   | Signature, typed or printed name of registered agen  | t and title if applicable. (NOTE | : Registered A      | Agent                               | signature requir  | ed when reinstating) DAT  |                                     |                           |
| 12.   | OFFICERS AN  |                                  | 13.                 |                                     |   | ADDITIONS/CHANGES TO OFFICER  |                                     |                           |
| TITLE   | PD   | ☐ DELETE                         | 1.1 TITI            | Æ                                   | 1   |   | Change                              | Addition                  |
| NAME  | BATISTA, RAFAEL T  |                                  | 1.2 NA              |                                     |   |   |                                     |                           |
| STREET ADDRESS  | 15900 S.W. 81ST TERRACE  |                                  | 1.3 STF             | REET A                              | ADDRESS (   |   |                                     | ļ                         |
| CITY-ST-ZIP   | MIAMI FL 33193   | <del></del>                      | 1.4 C/T             |                                     | ZîP   |   | ☐ Change                            | Addition                  |
| TITLE   | STD  | ☐ DELETE                         | 2.1 TITI            |                                     | ļ   |   |                                     | L'Addition                |
| NAME  | BATISTA, ONNER   |                                  | 2.2 NA              |                                     |   |   |                                     | ĺ                         |
| STREET ADDRESS  | 15900 S.W. 81ST TERRACE  |                                  | ı                   |                                     | ADDRESS   |   |                                     |                           |
| CITY-ST-ZIP   | MIAMI FL 33193   | C Delete                         | 2. 4 CIT            |                                     | - ZIP   | <del></del>   | ☐ Change                            | ☐ Addition                |
| TITLE   |  | ☐ DELETE                         | 3.1 TITE            |                                     |   |   |                                     |                           |
| NAME  |  |                                  | 3.2 NA              |                                     | Ì   |   |                                     | ì                         |
| STREET ADDRESS  |  |                                  |                     |                                     | ADDRESS   |   |                                     |                           |
| CITY-ST-ZIP   |  |                                  |                     | ry-sī                               | -ZIP  |   | ☐ Change                            | Addition                  |
| TITLE   |  | ☐ DECEIE                         | 4.1 ΤΙΠ<br>4. Ο ΝΙΑ |                                     |   |   | L. Jonange                          |                           |
| NAME  |  |                                  | 4.2 NA              |                                     |   |   |                                     |                           |
| STREET ADDRESS  |  |                                  | 4                   |                                     | ADORESS   |   |                                     |                           |
| CITY+ST-ZIP   |  | ☐ DELETE                         | 4.4 CIT             |                                     | ·ZIP  |   | Change                              | Addition                  |
| TITLE   |  |                                  | 5.1 TITI<br>5.2 NAJ |                                     |   |   |                                     |                           |
| NAME  |  |                                  |                     |                                     | ADORESS   |   |                                     |                           |
| STREET ADDRESS  |  | *                                | 5.4 CIT             |                                     | )   |   |                                     |                           |
| CITY-ST-ZIP   |  | DELETE                           | 6.1 707             | _                                   | EAT!  |   | ☐ Change                            | Addition                  |
| TITLE   |  |                                  | 6.2 NA              |                                     |   |   | ··-··a,                             |                           |
| NAME  |  |                                  |                     |                                     | ADDRESS   |   |                                     | i                         |
| STREET ADDRESS  |  |                                  | 6.4 CIT             |                                     |   |   |                                     |                           |
| CITY-ST-ZIP   |  | 14 At 1 St 15 - 6-               |                     |                                     |   | Section 119.07(3)(i), Florida Statutes. I furthe  | r certify that the                  | information               |

indicated on this annual report or supplies with all siling does not quality for the exemption stated in Section 1.19.07(5)(f), Florida Statutes: In the certify that it am 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, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR