

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 29 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 2002 P94000071733

Corporation Name

HEALTH SOUTHERN CARE CORP

Principal Place of Business

Mailing Address

6441 Coralway
99

P.O. Box 2305
MIAMI, FL 33107

MIAMI, FL 33107

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/29/94

4. FEI Number

65-0528594

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 owes the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City

FL

35 Zip Code

VILHA ALVARES
13895 SW 20th
MIAMI, FL 33107

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
agent, 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, typed or printed name of registered agent, and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DELETE

Change

Addition

VILHA ALVARES
13895 SW 20th
MIAMI, FL 33107

DELETE

RUBEN ALVARES
13895 SW 20th
MIAMI, FL 33107

DELETE

DELETE

DELETE

DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

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

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****150.00****150.00

Change

Addition

Change

Addition

Change

Addition

Change

Addition

I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #