

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00** 3-8-95 B-1949-C

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

SEMAR - 3 PM 3:32

DOCUMENT # **P94000080235 (2)**

AA ADVANCED CARE, INC.

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **11/01/1994**  
3a. Date of Last Report

21. Principal Place of Business <b>11401 SW Bird Rd</b>	26. Mailing Address <b>11401 SW Bird Road</b>
22. State, Apt. #, etc. <b>336</b>	27. State, Apt. #, etc. <b>336</b>
23. City & State <b>MIAMI FLA</b>	28. City & State <b>MIAMI FLA</b>
24. Zip <b>33165</b>	25. Country <b>DADE</b>
29. Zip <b>33165</b>	30. Country <b>DADE</b>

4. FEI Number <b>65-0530690</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>X</b>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FERNANDEZ, JEANETTE**  
**3411 SW 108TH AVE**  
**MIAMI FL 33165**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
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 607.0905, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Agent or Corporation) \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS

NAME	<b>D FERNANDEZ, JEANETTE (Secretary)</b>
STREET ADDRESS	<b>3411 SW 108TH AVE</b>
CITY, ST, ZIP	<b>MIAMI FL 33165</b>
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Helena Caro</b>	
1.3 STREET ADDRESS	<b>12600 SW 26 Terrace</b>	
1.4 CITY, ST, ZIP	<b>MIAMI FLA 33175</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0504, Florida Statutes. I further certify that the information included 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 in person. That I am an officer or director of the corporation or the manager or business 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: *Jeanette Fernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

3-3-95 221-7776