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Secretary of State

03-01-1999 90134 013 \*\*\*158.75

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PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P94000080235

1. Corporation Name  
AA ADVANCED CARE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

~~11401 SW BIRD RD  
SUITE 336  
MIAMI FL 33109  
US~~

Mailing Address

~~11401 SW BIRD RD  
SUITE 336  
MIAMI FL 33165  
US~~

2. Principal Place of Business

21 10250 SW 56 ST

2a. Mailing Address

26 10250 SW 56 ST

Suite, Apt. #, etc.

22 SUITE D-203

Suite, Apt. #, etc.

27 SUITE D-203

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33173

Country

25 USA

Zip

29 33173

Country

30 USA

3. Date Incorporated or Qualified

11/01/1994

4. FEI Number

65-0530690

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

SAGRE, NYDIA  
11401 S.W. BIRD ROAD #336  
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

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

83 SUITE # D-203

84 City

MIAMI

FL

85 Zip Code

33173

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]*  
Signature, typed or printed name of registered agent and title if applicable.

NYDIA SAGRE  
(NOTE: Registered Agent signature required when reinstating)

1/27/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SAGRE, NYDIA  
STREET ADDRESS 11401 SW BIRD RD  
CITY-ST-ZIP MIAMI FL 33165  
 DELETE

TITLE DS  
NAME SOCARRAS, MARIA  
STREET ADDRESS 11401 S.W. BIRD RD., #336  
CITY-ST-ZIP MIAMI FL 33165  
 DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 10250 SW 56 ST  
1.4 CITY-ST-ZIP MIAMI, FL 33173  
 Change  Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 10250 SW 56 ST  
2.4 CITY-ST-ZIP MIAMI, FL 33173  
 Change  Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
 Change  Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
 Change  Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
 Change  Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
 Change  Addition

14. 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: X *[Signature]*

SIGNATURE REQUIRED NYDIA SAGRE  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99 (301) 274-1553  
Date Daytime Phone #

CR2E034 (11/98)