SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jun 25 1996 8:00 am
Secretary of State

DOCUMENT # **P94000082208 (7)**

1. Corporation Name
AMITAN HEALTH SERVICES OF DADE, INC.

Principal Place of Business
201 ALHAMBRA CIRCLE
SUITE 502
CORAL GABLES 33 134

Mailing Address
201 ALHAMBRA CIRCLE
SUITE 502
CORAL GABLES 33 134

3. Date Incorporated or Qualified: **11/09/1994**
3a. Date of Last Report: **05/18/1995**

2. Principal Place of Business
21 3921 E. 4 AVENUE
Suite, Apt. #, etc.
22
City & State
23 HIALEAH, FLORIDA
Zip 24 33013 Country 25

2a. Mailing Address
26 3921 E. 4 AVENUE
Suite, Apt. #, etc.
27
City & State
28 HIALEAH, FLORIDA
Zip 29 33013 Country 30

4. FEI Number: **65-0532942** 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
CABRERA, RAUL ESQUIRE
4201 S.W. 11TH STREET
MIAMI FL 33134

10. Name and Address of New Registered Agent
81 Name
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, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ENRIQUEZ, DULLE	
STREET ADDRESS	201 ALHAMBRA CIRCLE SUITE 502	
CITY-ST-ZIP	CORAL GABLES FL 33134-5102	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, P	☒ Change ☐ Addition
1.2 NAME	GARCIA, JESUS	
1.3 STREET ADDRESS	3921 E. 4 AVENUE	
1.4 CITY-ST-ZIP	HIALEAH, FL 33013	
2.1 TITLE	D, T, S	☐ Change ☐ Addition
2.2 NAME	HERNANDEZ, RAMON	
2.3 STREET ADDRESS	3921 E. 4 AVENUE	
2.4 CITY-ST-ZIP	HIALEAH, FL 33013	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JESUS GARCIA, PRES

6/19/96 — Date
(305) 696-0090 — Daytime Phone #