

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000090974 (4)

1. Corporation Name
GERI-SOL HEALTH, INC.

Principal Place of Business
14201 S. DIXIE HWY (US 1)
MIAMI FL 33176

Mailing Address
14201 S. DIXIE HWY (US 1)
MIAMI FL 33176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1994	
21 8750 S.W. 144 STREET	26 8750 S.W. 144 STREET	4. FEI Number 65-0554579		Applied For Not Applicable	
22 Suite, Apt. #, etc. 203	27 Suite, Apt. #, etc. 203	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State MIAMI	28 City & State MIAMI	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33176	25 Country US	29 Zip 33176	30 Country US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CAMPOS, MARIA A 14201 S. DIXIE HWY (US 1) MIAMI FL 33176		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 8750 S.W. 144 STREET 83 SUITE 203 84 City MIAMI FL 85 Zip Code 33176	

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 signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
TITLE	D	1.1 TITLE		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
NAME	CATTAN, ROGELIO	1.2 NAME		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
STREET ADDRESS	14201 S. DIXIE HWY (US 1)	1.3 STREET ADDRESS	8750 S.W. 144 STREET, SUITE 203	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33176	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
TITLE	D	2.1 TITLE		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
NAME	CAMPOS, MARIA A	2.2 NAME		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
STREET ADDRESS	14201 S. DIXIE HWY (US 1)	2.3 STREET ADDRESS	8750 S.W. 144 STREET, SUITE 203	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	MIAMI, FL 33176	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
TITLE		3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME		3.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
STREET ADDRESS		3.3 STREET ADDRESS		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
CITY-ST-ZIP		3.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE		4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME		4.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
STREET ADDRESS		4.3 STREET ADDRESS		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
CITY-ST-ZIP		4.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE		5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME		5.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
STREET ADDRESS		5.3 STREET ADDRESS		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
CITY-ST-ZIP		5.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE		6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME		6.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
STREET ADDRESS		6.3 STREET ADDRESS		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
CITY-ST-ZIP		6.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute the 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 my address.

SIGNATURE: 

CR2E034 (10/97)