

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

PROFIT •
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90137 031 ***150.00

DOCUMENT # P 95000004382

1. Corporation Name

L & C HEALTH SERVICES, INC.

Principal Place of Business
10471 N. Kendall Dr
Suite B 101
Miami, Fl., 33176

Mailing Address
1890 SW 57 Ave
Suite 107
Miami, Fl., 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
1/18/95

2. Principal Place of Business
10471 N. Kendall Dr.

2a. Mailing Address
1890 SW 57 Ave

4. FEI Number
65-0549049

Applied For
Not Applicable

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.
107

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State
MIAMI, FL.

City & State
Miami, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip 33176 Country

Zip 33155 Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P,VP Carmen Marimon ☒ DELETE
NAME TR, Sec. 12820 NW 6 Lane
STREET ADDRESS Miami, Fl., 33182
CITY-ST-ZIP

1.1 TITLE P,VP ☐ Change ☐ Addition
1.2 NAME TR, SEC. LUIS SUAREZ
1.3 STREET ADDRESS 90 W 39 PL.
1.4 CITY-ST-ZIP Hialeah, Fl., 331014

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)