

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

DOCUMENT # P95000016374 (7)

1. Corporation Name

FLORIDA CARE CENTER, INC.



Principal Place of Business

Mailing Address

876 116TH AVENUE NORTH  
#102  
ST. PETERSBURG FL 33716

876 116TH AVENUE NORTH  
#102  
ST. PETERSBURG FL 33716

3. Date Incorporated or Qualified

02/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 13396 SW 128th Street

26 13396 SW 128th Street

4. FEI Number

65-0582048

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State

23 Miami FL

27 City & State

27 Miami FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip

24 33186

25 Country

25 Dade

28 Zip

28 33186

29 Country

29 Dade

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EITNER, ROGER  
876 116TH AVENUE NORTH  
#102  
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name

Michael Gerber

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

13396 SW 128th Street

83

84 City

Miami

FL

85 Zip Code

33186

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)

7-2-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME EITNER, ROGER  
STREET ADDRESS 876 116TH AVENUE NORTH #102  
CITY-ST-ZIP ST. PETERSBURG FL 33716

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PSTD  
12 NAME Michael Gerber  
13 STREET ADDRESS 13396 SW 128th Street  
14 CITY-ST-ZIP Miami FL 33186

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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

7-2-96

DATE

(308) 234-6627

Daytime Phone

CR2E034 (3/96)