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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1998 8:00am

Secretary of State

4/12/21-

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016374 (7)

FLORIDA CARE CENTER, INC.

13396 SW 128TH STREET #102			13396 SW 128TH STREET #102				
MIAMI FL 33186			MIAMI FL 33186			DO NOT WRITE IN THIS SPACE	
U\$			U\$		 Date Incorporated or Qualified 02/28/1995 		
2. Principal Place of Business			2a. Mailing Address		4. FEI Number	Applied For	
21			26		65-0582048	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State			City & State		6, Election Campaign Financing	\$5.00 May Be	
23			28		Trust Fund Contribution	Added to Fees	
Zip		Country	Zip	Country	8. This corporation owes or has paid the		
24	25		29	30	Personal Property Tax due June 30.	Yes No	
			t Registered Agent	04 11-4	10. Name and Address of New Registe	red Agent	
GERBER, MICHAEL 81 Name DL. 18 9 T							
133	196 SW 128TH	STREET		82 Street	Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33186 135 5 5 W / J & W						L	
	•			83			
				84 City		85 Zip Code	
						FL 33/86	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named dorporation 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 prin		**	E: Registered Agent signature		1	
12.		OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PSTD	A. I.A. = 1	DELETE	1.1 TITLE	President	Change Addition	
NAME	GERBER, MIC			1.2 NAME	Ph: 1 6. 90(5) Tr 128 12 Si	4	
STREET ADDRESS		28TH STREET		1.3 STREET ADDRESS	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
CITY-ST-ZIP	MIAMI FL		T on ore	1 4 CITY - ST - ZIP	Mianie PP 33186		
TITLE			, 🗀 DELETE	2.1 TITLE	Vice - Proxident	Change Addition	
NAME				2.2 NAME	Charles S. Riyamer	1	
STREET ADDRESS				2.3 STREET ADDRESS	18396 S.W. 128 W SY.		
CITY-ST-ZIP			Libertite	2. 4 CITY - ST - ZIP	Misuri, Fl 33186	Change Addition	
TITLE			☐ DELET€	3.1 TITLE		Citalige C Abbillion	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP			DOLLETE	3.4. CITY - \$1 - ZIP		Change Addition	
TITLE			☐ DELETÉ	4.1 TITLE	!	The cuantity The Vocation	
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP			T DELETE	4.4 CITY-ST-ZIP		Change Addition	
TITLE			L DELETE	5.1 TITLE		C Andrina	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP			DELETE	5.4 CITY-ST-ZIP		Change Addition	
TITLE			III DELETE	6.1 TITLE		C cuange C vocition	
NAME	,			6.2 NAME	1		
STREET ADDRESS	;			6.3 STREET ADDRESS			
CiTY-ST-ZIP	artifu that the info	rmation cumplied w	ith this bling dose not qualify to	6.4 CITY-ST-ZIP	ed in Section 119 07(3)(i) Florida Statutes Lifurth	er certify that the information	
14. I hereby certify that the information supplied with this fling 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 suppliemental 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 of 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.							