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PROFI1 CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Saridra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P95000019829 (7) **DOCUMENT #** 

| GARLES. | HOME | HEAI TH | CARE | INCORPORATED |  |
|---------|------|---------|------|--------------|--|

| Principal Place            | of Business  | Mailin                         | g Address                                |                                  |                      |                 |                | 18 E 1E   118           |                   | a tal <b>di</b> ala | <b>78</b> 011 <b>4 5</b> 1 <b>3</b> 2 111 | FIE IMIMI IN | 310 35010 1011 1001      |
|----------------------------|--|--------------------------------|--|----------------------------------|----------------------|-----------------|----------------|-------------------------|-------------------|---------------------|---|--------------|--------------------------|
| 2645 S.W. 37<br>SUITE 703A |  | \$U                            | IS S.W. 37TH AVI                         |                                  |                      |                 |                |                         |                   |                     |   |              |                          |
| CORAL GABL                 | LES PL 33133   | 00                             | RAL GABLES FL                            | 33133                            |                      |                 | 0.             | Incorpora<br>3/09/19    |                   | alified             | 3a. Date                                  | of Last F    | Report                   |
| 2. Prosipal Pla            | ice of Business  | 11                             | ailing Address                           |                                  |                      |                 | 4. FEII        | lumber                  | - 00              | -61                 | 1919                                      |              | Applied For              |
| [21]                       |  | 26                             |  |                                  |                      |                 |                | 6.3                     | <del>5 - 03</del> | , O A               | 7 17                                      |              | Not Applicable           |
| Suite, Apt. #              |  | 27                             | ito, Apt. #, etc                         |                                  |                      |                 |                | ficate of St            | <del> </del>      |                     |   |              | 5 Additional<br>Required |
| City & State.              |  | 28                             | ty & State                               |                                  |                      |                 | 1              | ion Campa<br>: Fund Cor |                   | cing                |   |              | 00 May Be                |
| [ <b>2</b> 9]<br>  20      | Country  | 20                             |  | Cour                             | ntrv                 |                 |                |                         |                   | ity for in          | itangible ta                              |              | ed to Fees               |
| 24                         | 25   | 29                             |  | 30                               | ,                    |                 | 1              | Ja Statutes             |                   | Yos                 |   | A DITURCI S  | 195.032,                 |
| <u> </u>                   | 9. Name and Address of Curren  | t Register                     | ed Agent                                 |                                  |                      |                 | 10. Nan        | e and Ad                | dress of          | New Re              | gistered /                                | gent         |                          |
|                            |  |                                |  |                                  | 81 1                 | Name C          | dual           | 200                     | 5.                | ~                   | END                                       | ピア           |                          |
| Prahl,                     | JOHN T   |                                |  | -                                | 82 3                 |                 | ress (P.O. Bo  |                         | _                 |                     |   | -            |                          |
| 999 PON                    | NCE DE LEON BOULEVARD  |                                |  | L                                |                      |                 |                | SW                      | 37                | AU                  | E   |              |                          |
| Suite 1                    |  |                                |  |                                  | 83                   |                 | Suit           | e 7                     | Λ D               | Δ                   |   |              |                          |
| CORAL                      | GABLES FL 33134  |                                |  | -                                | 84 (                 | City            |                |                         | 051               | T                   |   | 85 Z         | 'ip Code                 |
|                            | <u> </u>   |                                |  |                                  |                      | •               | MIAM           |                         |                   |                     | FL.                                       | 3            | 33133                    |
| 11. Pars ant to            | o the provisions of Sections 607.0502<br>ad agent, or both, in the Slate of Florid                                       | and 607.1.                     | 508, Florida Statu<br>iando was author   | utes, the above                  | <mark>⁄e⊹na</mark> r | ned corpor      | ration submit  | s this state            | enient for t      | he purp             | ose of cha                                | nging its    | registered office        |
| formille with              | i, and agree the obligation of Sect  | on 607.050                     | 5, Florida Statute                       | es.                              | o por                | illori 3 Dodi   | o or arector   | a. Thorotoy             | accept in         | io appoi            | rumoni as                                 | registeret   | a agent. Lain            |
| SIGNATURE _                | (1)/1000   |                                |  |                                  |                      |                 |                |                         |                   |                     | 01-0                                      | 1-9          | 76                       |
| 12.                        | OFFICERS ANI   | a vitte Lapph<br>Never exten   |  | 401z : Registereo /              | Agent Si             | gradare regulre |                |                         | AUGEGE            |                     | DATE                                      |              |                          |
| 111.6                      | D OF FIGURES AND   | JUNECIO                        | DELETE                                   | 13.                              |                      |                 | <b>*</b>       | HONS/CH                 | ANGES II          | JUFFIC              | ERS AND                                   | DIRECTO      | ORS IN 12 Addition       |
| NAMI                       | MARTINEZ, HÚGO   |                                | _ b.tt ie                                |                                  |                      |                 | D              | 7 E                     | DIAA.             | N/A                 | _   | _ Criange    | Audition                 |
| STEFFET ACTORESS           | POST OFFICE BOX 144522   | N/A                            |  | 1 2 NAI                          |                      |                 | 1ENDE<br>3660  |                         |                   |                     |   |              |                          |
| 013 ST ZP                  | CORAL GABLES FL 33134  | 11/0                           |  | l l                              | CA E33               |                 | MIAM           |                         | L 3               |                     |   |              |                          |
| 1006                       | OTTE GREET IE GOTOT  |                                | [ ] DELFTE                               | 2 1 111                          | Y - \$ F - 2<br>ILE  |                 | 1711111        | <u> </u>                | <u> </u>          | 2/ 7.               |   | Change       | Addition                 |
| NTM-                       |  |                                |  | 2 2 NA                           |                      |                 |                |                         |                   |                     |   | ] 0.10.180   | 7,00,000                 |
| STMEET AGUIRESS            |  |                                |  | 23 STF                           |                      | DRF SS          |                |                         |                   |                     |   |              |                          |
| CON STIZE                  |  |                                |  | 2 4 011                          |                      |                 |                |                         |                   |                     |   |              |                          |
| D. OF                      |  |                                | [] DELETE                                | 3 1 111                          |                      |                 |                |                         |                   |                     | Ε   | ) Change     | Addition                 |
| NAME                       |  |                                |  | 3.2 NAI                          | ME                   |                 |                |                         |                   |                     |   |              |                          |
| STREET ADDRESS             |  |                                |  | 33 SI                            | REE! AC              | DORESS          |                |                         |                   |                     |   |              |                          |
| CPY 51 761                 |  |                                |  | 3.4 CIT                          | Y - ST - Z           | ZIP             |                |                         |                   |                     |   |              |                          |
| THE                        |  |                                | DECETE                                   | 4 1 [1]                          | i E                  |                 |                |                         |                   |                     |   | ] Change     | Addition                 |
| NAM:                       |  |                                |  | 4.2 NAI                          | ME                   |                 |                |                         |                   |                     |   |              |                          |
| SHREET AUCEGISA            |  |                                |  | 43 STF                           | EET AD               | ORESS           |                |                         |                   |                     |   |              |                          |
| C 1 € Ze                   |  |                                |  |                                  | Y - ST - Z           | ZIP             |                |                         |                   |                     |   |              |                          |
| Tr'llF                     |  |                                | DECETE                                   | 5 1 111                          |                      |                 |                |                         |                   |                     | L   | ] Change     | Addition Addition        |
| N/M-                       |  |                                |  | 5.2 NAI                          |                      |                 |                |                         |                   |                     |   |              |                          |
| STREET ADDRESS             |  |                                |  | 53 SIF                           |                      |                 |                |                         |                   |                     |   |              |                          |
| . Clv SL Zn<br>Tigs        |  |                                | DELFTE                                   | 54 CIF<br>6 + TIT                | ~                    | 7119            |                |                         |                   |                     |   | 7 Chacas     | - Addition               |
| Ç.M.                       |  |                                | נו אוווו                                 | 62 NA                            |                      |                 |                |                         |                   |                     | L   | ] Change     | ☐ Addition               |
| 513-51 Alimet 58           |  |                                |  |                                  |                      | macce           |                |                         |                   |                     |   |              |                          |
| OUT SE Zir                 |  |                                |  | 63 STF                           |                      | !               |                |                         |                   |                     |   |              |                          |
| 14. I do hereby            | certify that the information supplied v  | vith this filin                | ig is voluntarily fu                     | f 4 0/1<br>rnished and d         | loes n               | not qualify for | or the exemi   | otion stated            | d in Section      | n 119.0             | 7(3)(k). Flor                             | ida Statu    | tes. I further           |
| Certify that outh, that I  | the information indicated on this annual arman officer or director of the corpo<br>Black 12 or Block 13 if changed, og c | ial réport or<br>ration or the | i supplemental an<br>a receiver or trust | nnual report is<br>tee erapowere | true a               | and accura      | ite and that r | ny sionatu              | re shall ha:      | ve the s            | anie leoal e                              | effect as i  | if made under            |

SIGNATURE:

01-01-96

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