## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P95000023155 (1)

PSI CARE, CORP.



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meiper race of	f Business	Mailing Address			
40125 N.W. 8	STH CIRCLE	10125 N.W. OTH CIRCL	:Ε		
SUITE 2017 MIAMI FL 831	430	<del>CUITE 201-</del> MIAMI FL-33173			
MIAMI TE OO	TTZ	enven v E Garre		3. Date Incorporated or Qualified 03/22/1995	3a. Date of Last Report
. Principal Place	e of Business	2a. Mailing Address		4. FEI Number 076 5887	Applied For
455 1	NE 210 Terrace	26 455 NE .	210 Terrace	61-0161801	Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
L,,		27		a Floring Country Floring	
City & State	Miami Beach, F	City & State North Mian	n Beach,	FL 6. Election Campaign Financing Trust Fund Contribution	□ \$5.00 May Be Added to Fees
Zip	Country	Zip o	Country	<ol><li>This corporation has liability for int</li></ol>	
<sup>Zip</sup> 33/7	9 25		30	Florida Statutes A Yes	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Reg	
			81 Name	naCristina River	a
GONZAI	<del>lez, martha</del>		82 Street A	ddress (P.O. Box Number is Not Acceptable	)
10125-N	N.W. 9TH CIRCLE		41.	NE 210 Terrace	
SUITE 2	2 <del>01</del>		83	_	
MIAMI F	FL 33172		84 City /	11 11	FL 85 Zip Code 9
			1 1 1/1/1/10	Mh Miami Beach	FL 33/79
1. Pursuant to	the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the above-named cor	poration submits this statement to the purposard of directors. It hereby adcept the appoin	ose of changing its registered office
or registered	d agent, or both, in the State of Flo	orida. Such change was authorized action 607 0505. Florida Statutes.	d by the corporation's c	ogro of directors. If thereby addept the appoint	Internal as registored agoni. I am
tarmilar with	ANACRISTINA RIVE	PA - Provident	- X/ ~~		4/14/96
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ignature 🏒	liquature, fyned or printed name of registered ag-	ent and title if applicable. (NOTE	Registered Agent signature red	quired when reinstating)	DRIE
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14. I do hereby certify that the information supplied with this filing is \*\boundarily furnished and does not qualify for the exemption stated in Section 119.0/3/ki, Florida Statutes. Furnier certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or directory of the corpolation of the receiver of vusible 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.

SIGNATURE:

ANA CRISTIN A
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RIVER A

4/14/96 (305)654-748

CR2E034 (12/95)