

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 # P95000023155 (1)

1. Corporation Name

PSI CARE, CORP.



Principal Place of Business

10125 N.W. 8TH CIRCLE
SUITE 201
MIAMI FL 33172

Mailing Address

10125 N.W. 8TH CIRCLE
SUITE 201
MIAMI FL 33172

3. Date Incorporated or Qualified

03/22/1995

3a. Date of Last Report

2. Principal Place of Business

21 455 NE 210 Terrace

Suite, Apt. #, etc.

22 City & State

23 North Miami Beach, FL

24 Zip

33179

Country

2a. Mailing Address

26 455 NE 210 Terrace

Suite, Apt. #, etc.

27 City & State

28 North Miami Beach, FL

29 Zip

33179

Country

4. FEI Number

65-0565887

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

GONZALEZ, MARTHA
10125 N.W. 8TH CIRCLE
SUITE 201
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

AnaCristina Rivera

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

455 NE 210 Terrace

83

84 City

North Miami Beach

FL

85 Zip Code

33179

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

ANACRISTINA RIVERA - President

(NOTE: Registered Agent signature required when reinstalling)

4/14/96

12. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☒ DELETE

NAME ~~GONZALEZ, MARTHA~~
STREET ADDRESS ~~10125 N.W. 8TH CIRCLE SUITE 201~~
CITY - ST - ZIP ~~MIAMI FL 33172~~

TITLE ~~VD~~ ☒ DELETE

NAME RIVERA, ANACRISTINA
STREET ADDRESS 455 N.W. 210TH TERRACE
CITY - ST - ZIP NORTH MIAMI BEACH FL 33179

TITLE ~~SD~~ ☒ DELETE

NAME PENA, LIZZETTE
STREET ADDRESS 6700 COLLINS AVE. SUITE 515
CITY - ST - ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☒ Change ☒ Addition

1.2 NAME Monica Gulisano
1.3 STREET ADDRESS 7374 Big Cypress CT
1.4 CITY - ST - ZIP Miami Lakes, FL 33014

2.1 TITLE S ☐ Change ☒ Addition

2.2 NAME Danny Rivera
2.3 STREET ADDRESS 455 NE 210 Terrace
2.4 CITY - ST - ZIP North Miami Beach, FL 33179

3.1 TITLE T ☐ Change ☒ Addition

3.2 NAME Christy Rivera
3.3 STREET ADDRESS 455 NE 210 Terrace
3.4 CITY - ST - ZIP North Miami Beach, FL 33179

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ANACRISTINA RIVERA

4/14/96 (305) 654-7484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RIVERA Date Daytime Phone #

CR2E034 (12/95)