

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: **455 NE 210 Terrace** 2a. Mailing Address: **455 NE 210 Terrace**

4. FEI Number: **65-0765887** Applied For: Not Applicable:

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **North Miami Beach, FL** 28. City & State: **North Miami Beach, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **33179** 25. Country 29. Zip: **33179** 30. Country

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** (Signature, typed or printed name of registered agent and title if applicable.) DATE: **4/14/96** (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: GONZALEZ, MARTHA	
STREET ADDRESS: 10125 N.W. 8TH CIRCLE SUITE 201	
CITY - ST - ZIP: MIAMI FL 33172	
TITLE: VD	<input checked="" type="checkbox"/> DELETE
NAME: RIVERA, ANACRISTINA	
STREET ADDRESS: 455 N.W. 210TH TERRACE	
CITY - ST - ZIP: NORTH MIAMI BEACH FL 33179	
TITLE: SD	<input checked="" type="checkbox"/> DELETE
NAME: PENA, LIZZETTE	
STREET ADDRESS: 6700 COLLINS AVE. SUITE 515	
CITY - ST - ZIP: MIAMI BEACH FL 33139	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY - ST - ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY - ST - ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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** DATE: **4/14/96** (305) 654-7484

CR2E034 (12/95)