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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000035404 (9)

FILED Jul 11 1996 8:00 am Secretary of State

ST. J	OHN HEALTH CARE, INC.									
Principal Place of Business Mailing Address								IM BUNI KANT	HINGA TARA DIL	
7200 NW 1 Suite 600 Miami FL :		8	7200 NW 19TH ST Suite 600 Miami Fl 33126							
							3. Date Incorporated or Qualified 05/05/1995	3a. Date	of Last Re	port
2. Principal Pia		2a. M 26	aling Address				4. FEI Number 65-23+6756		<del></del>	pplied For of Applicable
Suite, Apt. 4		27 St	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		28 28	City & Strate				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24 -	Country 25	29	Zip Coul		γ		8. This corporation has liability for intangible tax under s Florida Statutes ☐ Yes ☐ No			199.032,
	9. Name and Address of Curren	t Register	ed Agent				10. Name and Address of New R	egistered a	Agent	
_				8	1 N	lame			•••	
JÖHNSTONE, JAMES V 7200 NW 19TH ST			<b>82</b> Stree			treet Addres	ss (P.O. Box Number is Not Acceptab	le)		
SUITE				83	3					
MIAMI	FL 33126			84	4 c	rty			<b>85</b> Zip	Code
11 Pursuant to	the provisions of Sections 607 (602	ond 607 to	500 [1- 1- 6: 1 4			•		FL		1
or registere	ed agent, or both, in the State of Florid	and 607. I: la. Such dh	oue, rionda Statute jange was authorze	s, the above d by the con	∙nanı µorat	ied corporat tion's board	tion submits this statement for the pur t of directors. Thereby accept the appoint	pose of cha pintment as	nging its rei registered a	gistered office agent. Lam
	i, and accept the obligations of, Secti	on 607.050	5, Florida Statutes.						5	J
SIGNATURE _	Signative Hyperfor profestinance of registeres; a perf	entherace	 ate	E. Boge belon Ap	er skip	saftine texp mess v	ote canadani	 GATE		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12
THTLE	D		DELETE	1 1 TillE					Change	Addition
NAME	PERAZA, MIGUEL A	••	12 NAME							
STREET ADDRESS	7200 NW 19TH ST SUITE 6	00		1.3 STHEE	COA 1	PÉSS				
CHTY-ST-ZIP TITLE	MIAMI FL 33126		Em perent	1.4 CITY -		p.				
NAME			(T) DELETE	2 1 Title					] Change	Addition ]
STREET ADDRESS			2.2 NAME							
CITY-SI-ZIP				2.3 STREE						
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NAME				3.2 NAME		1		L.	] Change	☐ Addition
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CITY - ST - ZIP				3.4 CiTy -		- 1				
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NAME				4.2 NAME				L-	] 0 10 19th	7,00 3011
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CITY-ST-ZIP				4.4 CHY-		1	40000189	3974	1.41	
TITLE			DELETE	5 1 TOLE			-07/12/96010	77na	Change	Addition
NAME				5.2 NAME			40000189 -07/12/96010 ***225.00	., ~	- ·	
STREET ADDRESS				5.3 STREE	LADDE	RESS				
CITY-ST-ZIP		····· • · · · · ·		5.4 CH v -	ST-ZIF	,			al	
TITLE			☐ DELETE	6 1 HILE				7,7	Change	Addition
NAME				6.2 NAME				1/3	<u>'</u> /	
STREET ADDRESS				6.3 STREE	LADDE	RESS		. 11		
CITY SF-ZIP	certify that the information supplied w	<i>/</i> )-		6.4 C-1Y	ST - ZIF			U		
earth, that	- vereig mat me information supplied w	iai tiya <b>il</b> ang	g is voluntarily furnis	ned and doe	es no	t qualify for	the exemption stated in Section 119.6	07(3)(k), Flor	da Statutes	s. I further

I do hereby certify that the information supplied with the fung 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 regist for 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 population or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changes or on an attribution with an address.

SIGNATURE:

BIGNATURE AND TYPED OF PRINTED PANE OF SIGNING OFFICER OR DIRECTOR

Code Dogstan, Photogram