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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000035404 (9)

1. Corporation Name
ST. JOHN HEALTH CARE, INC.

Principal Place of Business	Mailing Address
7200 NW 19TH ST SUITE 600 MIAMI FL 33126	7200 NW 19TH ST SUITE 600 MIAMI FL 33126-1227

3. Date Incorporated or Qualified: 05/05/1995
3a. Date of Last Report: 07/11/1996
4. FEI Number: 65-2346756 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 7200 nw 19 St.	26 7200 nw 19 St.
Suite, Apt #, etc. 22 Suite 610	Suite, Apt #, etc. 27 Suite 610
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33126 Country 25 USA	Zip 29 33126 Country 30 USA

9. Name and Address of Current Registered Agent

JOHNSTONE, JAMES V
7200 NW 19TH ST
SUITE 600
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Johnstone, James V
82 Street Address (P.O. Box Number is Not Acceptable): 7200 nw 19 Street
83 Suite 610
84 City: Miami FL 85 Zip Code: 33126

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 [signature] — Signature of registered agent and title if applicable — 3/12/97 DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	PERAZA, MIGUEL A	1.2 NAME	Peraza, Miquel A
STREET ADDRESS	7200 NW 19TH ST SUITE 600	1.3 STREET ADDRESS	7200 nw. 19 Street, Suite 610
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 1/31/97 (305) 994-3250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #