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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
7200 NW 19TH ST
SUITE 600
MIAMI FL 33126

Mailing Address
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

2. Principal Place of Business
21 7200 nw 19 St.
Suite, Apt #, etc.
22 Suite 610
City & State
23 Miami FL
Zip 24 33126 Country 25 USA

2a. Mailing Address
26 7200 nw 19 St.
Suite, Apt #, etc.
27 Suite 610
City & State
28 Miami FL
Zip 29 33126 Country 30 USA

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

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: James V Johnstone — (NOTE: Registered Agent signature required when reinstating) — DATE: 3/12/97

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	PERAZA, MIGUEL A
STREET ADDRESS	7200 NW 19TH ST SUITE 600
CITY-ST-ZIP	MIAMI FL 33126
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	D ☒ Change ☐ Addition
1.2 NAME	Peraza, Miguel A
1.3 STREET ADDRESS	7200 nw. 19 Street, Suite 610
1.4 CITY-ST-ZIP	Miami, FL 33126
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1/31/97 — Daytime Phone #: (305) 994-3950

CR2E034 (9/96)