

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 # P95000039209 (8)

1. Corporation Name

DYNAMIC CARE OF MIAMI, INC.

Principal Place of Business

15476 N.W. 77TH CT.
SUITE 627
MIAMI LAKES FL 33016

Mailing Address

15476 N.W. 77TH CT.
SUITE 627
MIAMI LAKES FL 33016



3. Date Incorporated or Qualified

05/17/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GONZALEZ, ADOLFO J
15476 N.W. 77TH CT.
SUITE 627
MIAMI LAKES FL 33016

81 Name

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

83

84 City

10. Name and Address of New Registered Agent

FL

85 Zip Code

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, typed or printed name of registered agent (if not applicable)

(If "E" Registered Agent Signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE

D

DELETE

NAME

GONZALEZ, ADOLFO

STREET ADDRESS

15476 N.W. 77TH CT., #627

CITY- ST- ZIP

MIAMI LAKES FL 33016

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

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

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

400001870784
-06/21/96--01024--032
***200.00

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, unchanged, or on an attachment with an address.

SIGNATURE:

ADOLFO J. GONZALEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96

305-884 7922

CR2E034 (12/95)