FILE NOW: FILING FEE AFTER MAY 1 IS \$225 .00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Saridra B. Morthan

Secretary of State DIVISION OF CORPORATIONS

1996

P95000042036 (0) **DOCUMENT #**

CARE RX PLUS MEDICAL SERVICES, INC.

R HE BRIOCH IN RESERVATURE AND AND CONTRACT OF THE PROPERTY OF Principal Place of Business Mailing Address 4415 SW 115 AVE 4415 SW 115 AVE MIAMI FL 33165 MIAMI FL 33165 3. Date Incorporated or Qualified 05/30/1995 2. Principal Place of Business 2a. Maining Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27

City & State

Ziri

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25 29 9. Name and Address of Current Registered Agent

Country

City & State

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Zip

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes P Yes No

10. Name and Address of New Registered Agent

6. Election Campaign Financing

Trust Fund Contribution

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

CDIT A	BRAHAM W			81 Name	CH		AB	BAHE	MV	/
	V 115 AVE			82 Stree	t Address	P.O. Box No SW	iniber is N	of Acceptable	StE#	¥ (-
MIAMI FI	L 33165		Ì	83				·····	3 , 2 , 1,	/ V
			-	84 Orty	Λ1	100			85	Zio Code
11. Pursuant to	of the provisions of Sections 607,0502 and	1607 1508. Florida Statute	< the above	w gan ed	/ / /		S Statemen	t for two muco	FL 63	33/65
CILLEGISTER	ed agent, or both, in the State of Floridal S h, and accept the oblightions of, Section 6	such change was authorize	d by the o	orporation	s board of	directors Th	nereby acc	ept the appoir	ntment as regist	ered agent. I am
SIGNATURE										
12.	Symbor typed or principles in chieur berdingen aller. OFFICERS AND DR			Aprispato	representation		ICACHANIC	ro to ordio	DATE	07.0100.04.40
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CITY-SI-ZIP	certify that the information supplied with t			r-St ZiF	· 			,		

Country

81 Name CRUZ

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I do hereby certify that the information suppried varieties ling is voluntarily turnished and coles not quality for the exemption stated in Section 119.07(3)(ii), fronda Statutes, it turnier certify that the information indicated on his around report or supplemental annual report is true and accorde 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 trusted empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or

SIGNATURE:

CR2E034 (12/95)