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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

| | 96 | DIVISION O | F CORPORATIONS | | | |
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| DOCUME 1. Corporation Nar | ENT # P9500 | 00050030 (2 | 2) | | | |
| NATIONAL | L CARE CENTERS OF I | HOMESTEAD, INC. | | | | |
| | | | | | | |
| Principal Place of B | Business | Mailing Address | | FREDINER IN 1818 GIVIN GENIN EENIN | BRITE NGINI NITIN BUTEL D | DIGE IIIII ABIL (BEI |
| 7950 N.W. 53RD | STREET | 7950 N.W. 53RD STR | EET | | | |
| SUITE 210 MIAMI FL 33166 | | SUITE 210 Miami Fl 33166 | | | | |
| MIAMI PE 50100 | | MIAMI PL 33100 | | Date Incorporated or Qualified 06/27/1995 | 3a. Date of Last | Report |
| Principal Place of | of Business | 2a. Mailing Address | | 4. FEI Number | <u> </u> | Applied For |
|] | | 26 | | 65-0598597 | | Not Applicable |
| Suite, Apt. #, etc | tc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.7 | 5 Additional |
| L | | 27 | | | rei | Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | | 00 May Be led to Fees |
| Z _i p | Country | Zip | Country | 8. This corporation has liability for in | ntangible tax under | |
| 1 | 25 | 29 | 30 | Florida Statutes Yes | □ No | |
| 9. |). Name and Address of Curre | nt Registered Agent | 81 Name | 10. Name and Address of New R | egistered Agent | |
| DIAZ, MARI | HAI ENIA | | | | | |
| 7950 N.W. | | | 82 Street Add | iress (P.O. Box Number is Not Acceptabl | le) | |
| SUITE 210 | | | 83 | · · · · · · · · · · · · · · · · · · · | | |
| MIAMI FL 3 | | | 84 City | | los I | Zip Code |
| | | | Only | | FL 85 | zip Gode |
| or registered a | agent, or both, in the State of Flor and accept the obligations of, Sec | rida. Such change was authori | zed by the corporation's boa | ration submits this statement for the purp and of directors. I hereby accept the appo | pose of changing its pintment as register | ed agent. I am |
| or registered a familiar with, ar IGNATURE Styre | agent, or both, in the State of Flor and accept the obligations of, Sec ature 15,000 or partial name of registered agor | ida. Such change was authori Non 607.0505, Florida Statute | zed by the corporation's boa | ard of directors. I hereby accept the appo | DATE | ed agent. I am |
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