

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 # P95000055865 (6)

1. Corporation Name

MARA HEALTH SYSTEMS, INC.



Principal Place of Business

5301 ALHAMBRA CIRCLE  
CORAL GABLES FL 33146

Mailing Address

5301 ALHAMBRA CIRCLE  
CORAL GABLES FL 33146

|                                                                                                                                                                |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 3. Date Incorporated or Qualified<br>07/19/1995                                                                                                                | 3a. Date of Last Report           |
| 4. FEI Number<br>65-0596598                                                                                                                                    | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                      | \$8.75 Additional<br>Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                             | \$5.00 May Be<br>Added to Fees    |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                   |

2. Principal Place of Business

2a. Mailing Address

|                         |                         |
|-------------------------|-------------------------|
| 21. State, Apt. #, etc. | 26. State, Apt. #, etc. |
| 22. City & State        | 27. City & State        |
| 23. Zip                 | 28. Zip                 |
| 24. Country             | 29. Country             |
| 25. Country             | 30. Country             |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PEREZ, GARCIA~~  
6356 MANOR LANE  
SUITE 102-B  
MIAMI FL 33143

|                                                        |
|--------------------------------------------------------|
| 81. Name<br>Marian Garcia Perez                        |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83.                                                    |
| 84. City                                               |
| 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

*M. Garcia Perez*

(NOTE: Registered Agent signature required on recording)

DATE

3-7-96

12. OFFICERS AND DIRECTORS

|                |                                           |
|----------------|-------------------------------------------|
| TITLE          | President <input type="checkbox"/> DELETE |
| NAME           | Marian Garcia Perez                       |
| STREET ADDRESS | 5301 Alhambra Circle                      |
| CITY-STATE-ZIP | Coral Gables, FL 33146                    |
| TITLE          | <input type="checkbox"/> DELETE           |
| NAME           |                                           |
| STREET ADDRESS |                                           |
| CITY-STATE-ZIP |                                           |
| TITLE          | <input type="checkbox"/> DELETE           |
| NAME           |                                           |
| STREET ADDRESS |                                           |
| CITY-STATE-ZIP |                                           |
| TITLE          | <input type="checkbox"/> DELETE           |
| NAME           |                                           |
| STREET ADDRESS |                                           |
| CITY-STATE-ZIP |                                           |
| TITLE          | <input type="checkbox"/> DELETE           |
| NAME           |                                           |
| STREET ADDRESS |                                           |
| CITY-STATE-ZIP |                                           |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS | 500001741175                                                      |
| 4.4 CITY-STATE-ZIP | -03/13/96--01038--016                                             |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | ***200.00                                                         |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-STATE-ZIP |                                                                   |

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96

305/667-3375

Date

Daytime Phone #

CR2E034 (12/95)