FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000055865 (6)

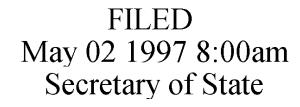
MARA HEALTH SYSTEMS, INC.

Principal	Place	of	Business
-----------	-------	----	----------

Mailing Address

5301 ALHAMBRA CIRCLE

5301 ALHAMBRA CIRCLE CORAL GARLES EL 33146-2301





OOUNE OUDER	0 (1 00)40	COUNT OUDERS IT SOLA	O EVOI							
						3. Date Incorporated or Qualified 07/19/1995	3a. Date of L 03/12/19			
2, Principal Pl	2a. Mailing Address	Mailing Address			4. FEI Number		Applied For			
21		26				65-0596598		Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 Additional		
22		27]					F	ee Required		
City & State)	City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	7ip	Cou	untry		8. This corporation has liability for in				
24	25	29	30				Yes No	lact 3. 155.052,		
	9. Name and Address of Current		.141	Π		10. Name and Address of New Reg				
PER	ez, marian g			81	Name					
6356 MANOR LANE										
SUITE 102-B				82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)			
	VII FL 33143			83						
IMP W	WI 1 E 00 140									
				84	City		FL 85	Zip Code		
11. Pursuant to office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	P and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, F	itos, the a authorize lorida Sta	ibove ed by ilules	-named corpo the corporatio	oration submits this statement for the pron's board of directors. I hereby accep	urpose of chang I the appointme	ging its registered ent as registered		
SIGNATURE	Signature, typed or printed name of registered ages	it and title if applicable. (NO	1t : Hogisleru	nd Ager	nt signature require	d when reinstating)	DA1E			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12		
TITLE	P	☐ DELETÉ	1.11	HLE			□ CI	nange Addition		
NAME	PEREZ, MARIAN G		1 <i>2</i> N	IAME						
STREET ADDRESS	5301 ALHAMBRA CIRCLE		1.3 S	TREE1	ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL 33148		1,4 0	11Y-S1	1-7IP					
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	211	IILE			☐ CF	nange 🔲 Addition		
NAME			2.2 N	AME						
STREET ADDRESS			238	TREET	ADDRESS					
CITY-ST-ZIP			2 4 (CI1 Y - S	1-71P					
TITLE		DELETE		3111111			CI	nange 🔲 Addition		
NAME			3.2 N	IAM:						
STREET ADDRESS			335	TREET	ADDRÉSS			J		
CITY-ST-ZIP			34.0	CITY-S	T - ZIP					
TITLE		☐ DELETE	4.1 T				☐ Cł	nange 🔲 Addition		
NAME			4.21	NAME				1		
STREET ADDRESS			4.3 S	STREET A	ADDRESS					
CITY-ST-ZIP			4.4 (XIIY-\$1	I- ZIP					
TITLE		☐ DELFTE	517				□ ci	nange Addition		
NAME			5.2 N	AME	ĺ					
STREET ADDRESS			5.3 S	TREET	ADDRESS					
CITY-ST-ZIP				OTY-ST						
TITLE		DELETE	611				☐ Cf	nange Addition		
NAME		•	6.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				ΠY-S1						
	by certify that the information supplied	this filling does not qua				in Section 119 07(3)(i). Florida Statutes	I further certif	v that the		

Information indicated on this annual report or cupply mental 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 epigoword 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. 305 668-0019