

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 # P95000059358 (8)

1. Corporation Name

SENTRAL CARE, INC.



Principal Place of Business

Mailing Address

9501 S.W. 81ST ST.
MIAMI FL 33173

9501 S.W. 81ST ST.
MIAMI FL 33173

3. Date Incorporated or Qualified
07/31/1995

3a. Date of Last Report

2. Principal Place of Business
21 11401 Bied Road

2a. Mailing Address
26 11401 Bied Road

4. FEI Number
65-0638132

Applied For
Not Applicable

22 Suite, Apt. #, etc.
#350

27 Suite, Apt. #, etc.
#350

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

23 City & State
MIAMI, Florida

28 City & State
MIAMI, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip Country
33165 DAGE

29 Zip Country
33165 DAGE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARDANA, ROBERT L ESQ.
44 WEST FLAGLER ST., STE #2080
MIAMI FL 33130

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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 and, if applicable,

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME SAGRE, NYDIA
STREET ADDRESS 9501 S.W. 81ST ST.
CITY-STATE-ZIP MIAMI FL 33173

1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
D/P
MIGUEL SAGRE
9501 S.W. 81ST ST.
MIAMI, FL 33173

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 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: MIGUEL SAGRE 2-19-96 (305) 351-8212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)