

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

FILED
Jun 03 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT. CORPORATION ANNUAL REPORT 1997. |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P95000062621 (4)
 1. Corporation Name
GABLES HEALTH CARE CENTER CORP.



| | |
|---|--|
| Principal Place of Business 2645 SW 37 AVE SUITE 701 MIAMI FL 33133 | Mailing Address 2645 SW 37 AVE SUITE 701 MIAMI FL 33133-2745 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/14/1995 | 3a. Date of Last Report 05/01/1996 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 3105 SW 25 ST | 2a. Mailing Address 26 P.O. BOX 144933 |
|---|--|

| | |
|------------------------------------|--|
| 4. FEI Number 65-0601689 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|-------------------------|-------------------------|
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. |
|-------------------------|-------------------------|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

| | |
|---------------------------------------|--|
| 23. City & State MIAMI, FL. | 28. City & State CORAL GABLES, FL. |
|---------------------------------------|--|

| | |
|---|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

| | | | |
|-------------------------|----------------------------|-------------------------|----------------------------|
| 24. Zip 33133 | 25. Country DADE | 29. Zip 33114 | 30. Country DADE |
|-------------------------|----------------------------|-------------------------|----------------------------|

| |
|---|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|

9. Name and Address of Current Registered Agent
PADRINO, ANA M
12775 SW 45 LN
MIAMI FL 33175

10. Name and Address of New Registered Agent
 81 Name **ANA M. ALVAREZ**
 82 Street Address (P.O. Box Number is Not Acceptable)
3105 SW 25 ST
 83
 84 City **MIAMI** **FL** 85 Zip Code **33133**

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]* (NOT Registered Agent signature required when re-registering) DATE

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|-------------------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PADRINO, ANA M | |
| STREET ADDRESS | 2645 SW 37 AVE SUITE 701 | |
| CITY - ST - ZIP | MIAMI FL 33133 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ORIN, RAMON S. | |
| STREET ADDRESS | 2645 SW 37 AVE SUITE 701 | |
| CITY - ST - ZIP | MIAMI FL 33133 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|------------------------|-------------------------------------|--------------------------|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | ANA M. ALVAREZ | | |
| 1.3 STREET ADDRESS | 3105 SW 25 ST | | |
| 1.4 CITY - ST - ZIP | MIAMI, FL 33133 | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY - ST - ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY - ST - ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY - ST - ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY - ST - ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY - ST - ZIP | | | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 its 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, changed, or on an attachment with an address.

CR2E034 (9/96)