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

FILED
97 APR 30 AM 6:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000066352

1. Corporation Name

COMMUNITY HEALTH CARE GROUP

Principal Place of Business / Mailing Address

600 N.W. 35th AVENUE suite#203
MIAMI, FLORIDA 33125

3. Date Incorporated or Qualified: 8/28/95	3a. Date of Last Report
4. FEI Number: 65-0620908	Applied For / Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business (21): 600 N.W. 35th Ave	2a. Mailing Address (26): SAME
Suite, Apt. #, etc. (22): #203	Suite, Apt. #, etc. (27): SAME
City & State (23): MIAMI, FLORIDA 33125	City & State (28): FLORIDA 33125
Zip (24): 33125 — Country (25): USA	Zip (29) — Country (30)

9. Name and Address of Current Registered Agent

AIDELYN LOPEZ
1180 S.W. 141 Avenue
Miami, Florida 33184

10. Name and Address of New Registered Agent

81 Name: AIDA SALAZAR-REBULL
82 Street Address (P.O. Box Number is Not Acceptable): 9975 S.W. 87th Avenue
83 Miami, Florida 33176
84 City: Miami FL 85 Zip Code: 33176

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] — Signature, typed or printed name of registered agent and title 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: DIRECTOR NAME: AIDELYN LOPEZ STREET ADDRESS: 1180 S.W. 141 AVE CITY-ST-ZIP: MIAMI, FLORIDA 33184	☒ DELETE	1.1 TITLE: DIRECTOR/PRESIDENT 1.2 NAME: AIDA SALAZAR-REBULL 1.3 STREET ADDRESS: 9975 S.W. 87th Avenue 1.4 CITY-ST-ZIP: Miami, Florida 33176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 400002164574--8 -05/02/97--01139--004 ****173.75 ****173.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/29/97 — Daytime Phone #: 541-3626

CR2E034 (9/96)