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:

21 2. Principal Place of Business: 600 N.W. 35th Ave
26 2a. Mailing Address: SAME
4. FEI Number: 65-0620908 — Applied For / Not Applicable

22 Suite, Apt. #, etc.: #203
27 Suite, Apt. #, etc.: SAME
5. Certificate of Status Desired: [X] $8.75 Additional Fee Required

23 City & State: MIAMI, FLORIDA 33125
28 City & State: FLORIDA 33125
6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

24 Zip: 33125 — 25 Country: USA
29 Zip: — 30 Country:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

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

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR [X] DELETE
NAME	AIDELYN LOPEZ
STREET ADDRESS	1180 S.W. 141 AVE
CITY-ST-ZIP	MIAMI, FLORIDA 33184
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR/PRESIDENT [ ] Change [X] Addition
1.2 NAME	AIDA SALAZAR-REBULL
1.3 STREET ADDRESS	9975 S.W. 87th Avenue
1.4 CITY-ST-ZIP	Miami, Florida 33176
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	400002164574--8
3.3 STREET ADDRESS	-05/02/97--01139--004
3.4 CITY-ST-ZIP	****173.75 ****173.75
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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] 4/29/97 541-3626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #