

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000071831 (8)

1. Corporation Name

ANGELCARE HEALTH MANAGEMENT SERVICES, INCORPORATED



Principal Place of Business

300 71ST STREET, SUITE 640  
MIAMI BEACH FL 33141

Mailing Address

300 71ST STREET, SUITE 640  
MIAMI BEACH FL 33141

3. Date Incorporated or Qualified

09/14/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0610231

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

9. Name and Address of Current Registered Agent

HERNANDO, EDUARDO R  
300 71ST STREET, SUITE 640  
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

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 person being appointed as registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13.

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

P  
Eduardo Hernandez  
300 71st. Ste 640  
Miami Beach, FL 33141

☐ Change ☒ Addition

2. TITLE  
3. NAME  
4. STREET ADDRESS  
5. CITY-ST-ZIP

☐ Change ☐ Addition

3. TITLE  
4. NAME  
5. STREET ADDRESS  
6. CITY-ST-ZIP

☐ Change ☐ Addition

4. TITLE  
5. NAME  
6. STREET ADDRESS  
7. CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE  
7. NAME  
8. STREET ADDRESS  
9. CITY-ST-ZIP

☐ Change ☐ Addition

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-06/03/96--01025--029  
\*\*\*200.00

ce 5/11/96

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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

EDUARDO  
HERNANDO 5-10-96

(305) 868-7080

CR2E034 (12/95)