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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

NATIC	Onal care centers of	SOUTH WEST MIA	MI, INC.			<u>                                   </u>	
rincipal Plac	e of Business	Mailing Address				( <b>ed</b> iki <b>belə</b> l i <b>dib</b> i il <b>ət</b> i i	
7950 NW 53 STREET SUITE 210 MIAMI FL 33166		7950 NW 53 STREET SUITE 210					
	Prace of Business	MIAMI FL 33166			3. Date Incorporated or Qualified 10/24/1995	3a. Date of Last	Report
, гиндіра: ғ ]	lace of business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc			65-0614504		Not Applicat
·		27			5. Certificate of Status Desired		<b>75</b> Additional e Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5.	00 May Be
Zφ	Country	28 Z <sub>(P)</sub>	Cour	ntn.	Trust Fund Contribution	Add	led to Fees
	25	29	30	itty	This corporation has liability for in Florida Statutes	intangible tax under No	s 199.032,
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New R		
				81 Name			
	MARIALENA		-	82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	W 53 STREET						
SUITE :				83			
MIAMI	FL 33166		ļ	84 City		85	Zip Code
familiar w	to the provisions of Sections 607.05 red agent, or both, in the State of Ficith, and accept the obligations of, Se	02 and 607.1508, Florida St orida. Such change was auth polion 607.0505, Florida Stat	atutes, the above corized by the coutes.	re-named corpo prporation's boa	ration submits this statement for the pur and of directors. I hereby accept the appo		
familiar w	ith, and accept the obligations of, Se Synature, types or printed name of registered as OFFICERS A	oction 607.0505, Florida Stat ent and title if applicable IND DIRECTORS	(NOTE: Registered A	Agent signature, require	and or orectors. Thereby accept the appo	pose of changing its bintment as registere	registered of ed agent. I am
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SIGNATURE:

Osvaldo Martinez 3/28/96

(305)592-5583 Cette Desprise Phone #