ANNU	PROFIT PORATION AL REPORT 1996	San Sec	EPARTMENT OF odra B Morthain cretary of Stati OF CORPOR	•	. •		
, Corporation	MENT # P9500 I HEALTH CARE, INC.	00091130 ((1)				
Principal Place of Business Mailing Address							
12903 S.W. 42 Miami Fl. 3317		12803 S.W. 42ND S MIAMI FL 33175	STREET				
					3. Date Incorporated or Qualified 11/30/1995	3a. Date	of Last Report
Principal Pla	ace of Business	2a. Mailing Address 26	,		4. FEI Number 65-06 22871		Applied For Not Applicable
Suite, Apt #	#, etc.	Suite, Apt #, etc			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country 25	Ζφ 29	Count 30	ry	This corporation has liability for Florida Statutes	Yes [No
ΔIF	9. Name and Address of Cur FARO, ARIEL	rent Registered Agent	8	1 Name	10. Name and Address of New Re	egistered Ag	ent
601 EAST 27 STREET HIALEAH FL 33013			82 Street Add		ress (P.O. Box Number is Not Acceptal	ble)	
			83				
F. Pursuant to office or re agent I am	o the provisions of Sections 607.6 og stered agent, or both, in the St ir familiar with, and accept the ob	0502 and 607.1508, Florida S ate of Florida, Such change w oligations of, Section 607.0509	Statutes the above was authorized b	City re-named corp y the corporati	noration submits this statement for the p ion's board of directors. I hereby accep	FL	anging its registered
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