

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jun 09 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000092084 (9)

1. Corporation Name
METROPOLITAN HEALTH CARE SERVICES, INC.



Principal Place of Business
**12821 S.W. 43RD DRIVE
SUITE 134-A
MIAMI FL 33175**

Mailing Address
**12821 S.W. 43RD DRIVE
SUITE 134-A
MIAMI FL 33175-4180**

3. Date Incorporated or Qualified **12/04/1995** 3a. Date of Last Report **04/16/1996**

2. Principal Place of Business
21 **2055 S.W. 122 Ave #116**
Suite, Apt. #, etc.
22 **Ste # 116**
City & State
23 **Miami FL**
Zip Country
24 **33175** 25 **DADE**

2a. Mailing Address
26 **2055 S.W. 122 Ave**
Suite, Apt. #, etc.
27 **Ste # 116**
City & State
28 **Miami FL**
Zip Country
29 **33175** 30 **DADE**

4. FEI Number **65-0631545** 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

**BENITEZ, DANIELYS
3811 S.W. 117TH AVENUE
3305
MIAMI FL 33175**

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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BENITEZ, DANIELYS	
STREET ADDRESS	3811 S.W. 17TH AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300002211149
5.3 STREET ADDRESS	-06/13/97--01014--018
5.4 CITY-ST-ZIP	***165.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	05
6.3 STREET ADDRESS	6/19/97
6.4 CITY-ST-ZIP	

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 (changed), or on an attachment with an address.

SIGNATURE *[Handwritten Signature]*

CR2E034 (9/96)