

**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

APPROVED AND FILED  
1997 JUN 30 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000003064 (8)

1. Corporation Name  
GRAPELAND HEALTH CARE, INC.



Principal Place of Business

1217 N.W. 34 AVENUE  
MIAMI FL 33125-2835

Mailing Address

1217 N.W. 34 AVENUE  
MIAMI FL 33125-2835

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

9. Name and Address of Current Registered Agent

CUSIDO, ELSA  
1217 N.W. 34 AVENUE  
MIAMI FL 33125-2835

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS  
9/3/97  
ELSA CUSIDO  
1217 NW 34 AVE  
MIAMI FL 33125-2835

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
Change Addition  
200002230652-4  
07/03/97-01/30/01  
\*\*\*165.00 \*\*\*169.00

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.

15. SIGNATURE

16. SIGNATURE

17. SIGNATURE

18. SIGNATURE

19. SIGNATURE

20. SIGNATURE

21. SIGNATURE

22. SIGNATURE

23. SIGNATURE

24. SIGNATURE

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