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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000015671

WE CARE MEDICAL CLINIC, INC.

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90045 030 ***150.00



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|--|--|---------------------------|------------------------|--|---|---|-----------------------|--------------------------|--|
| Principal Place | of Business | Mailing A | Address | | . | | | | • • |
| 13760 SW 56TH | ST | 13760 SW | 56TH ST | | | | | | |
| STE H | | STE H | | | 1 | DO NOT WRI | TE IN THIS SPA | CE - | _ |
| MIAMI FL 33175 | | MIAMI FL | 33175 | | F | 3. Date Incorporated or Qualifed | | | |
| US (| | US | | | ŀ | 02/20/1996 | | | Į |
| | | - 1 - 14 50 | A dalaman | | | 4. FEI Number | | App | lied For |
| 2. Principal Pla | ice of Business | · F | ng Address | | 1 | 65-0642403 | | Not | Applicable |
| 21 | | 26 | | | <u> </u> | | | 8.75 A | dditional |
| Suite, Apt. # | t, etc. | <u></u> | , Apt. #, etc. | | | 5. Certificate of Status Desired | | Fee Rec | uired |
| 22 | <u></u> | 27 | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| City & State | | — — . ´ ´ | & State | | ł | Trust Fund Contribution | | Added to | |
| 23 | | 28 | | Country | | a. This corporation owes the curr | rent vear Intangi | ble | |
| Zip | Country | Zip | T. | _ ` | } | Personal Property Tax. | Ğ | Yes | □No |
| 24 | 25 | 29 | | 30 | | 10. Name and Address of New I | Registered Age | nt | ; |
| | 9. Name and Address of Curre | | Agent | 81 Nam | | 19. | | | |
| | | | * : | | | | | | · |
| | AGA, SAMUEL | | | 82 Stre | et Address | s (P.O. Box Number is Not Accept | able) | - | |
| | NW 75TH AVE | • | • | | | Sale To the State of | 可是自我们中 | V 45 9 11 | 14. 3.35 |
| MIAM | I LAKES FL 33015 | | | 83 | | | 深語 [[[27]]] | 机排出 | |
| | = - | | | 84 City | | | E1 8 | 5 Zip C | ode |
| 44 Durenant | to the provisions of Settlems 607.05 egistered agent or both, in the Stat m familiar with and accept the oblig | 502 and 607.15 | 08, Florida Statute | s, the above-name | ed corpora | ation submits this statement for the | purpose of cha | inging its ent as rec | registered gistered |
| (11. Pursuant | egistered agent or both, in the Stat | te of Florida. Su | ich change was au | thorized by the co | orporation | s board of directors. I hereby acce | · | | |
| office or re | | | | | | | | | |
| office or n | m familiar with, and accept the oblig | gations of, Seci | tion 607.0505, Flori | da Statutes. | | •• | 1-6 | -99 | |
| | | | | | | hen reinstating),/ 11751-1 | G ATE | | |
| SIGNATURE | Signature, typed of pluffed name of registered a | gent and title if applic | cable. (NOTE: | Registered Agent signatu | | hen reinstating), 1984, ADDITIONS/CHANGES TO OF | FICERS AND I | DIRECTO | RS IN 12 |
| SIGNATURE | Signature, typed of pluffed name of registered a | | cable. (NOTE: | | | hen reinstating),/ 11751-1 | FICERS AND I | | |
| SIGNATURE 12. TITLE | Signature, typed of pluffed name of registered at OFFICERS / | gent and title if applic | able. (NOTE: | Registered Agent signatu | | hen reinstating),/ 1150-1 ADDITIONS/CHANGES TO OF | FICERS AND I | DIRECTO | RS IN 12 |
| SIGNATURE 12. TITLE NAME | Signature, typed of pluffed name of registered at OFFICERS A PSTD ARRIAGA, SAMUEL | gent and title if applic | able. (NOTE: | 13. 1.1 TITLE 1.2 NAME | ure required w | hen reinstating),/ 1150-1 ADDITIONS/CHANGES TO OF | FICERS AND I | DIRECTO | RS IN 12 |
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14. I 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 repeiver 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 alternative with an address, with all other like empowered.

SIGNATURE:

305 3875008