FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000019886

1. Corporation Name
FLORIDA CONCERNED CARE, INC.

Principal Place of Business
1911 SW 126 CT
MIAMI, FL 33175

Mailing Address

3. Date Incorporated or Qualified: 3/1/96
3a. Date of Last Report: N/A

2. Principal Place of Business
21 1550 NE MIAMI GARDENS DRIVE
Suite, Apt #, etc.
22 #407
City & State
23 N. MIAMI BEACH, FL
Zip 24 33179
Country 25 USA

2a. Mailing Address
26 SAME
Suite, Apt #, etc.
27
City & State
28
Zip 29
Country 30

4. FEI Number: 65-0674327
☐ 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
JOSEPH SPIRITI
1911 SW 126 CT
MIAMI, FL 33175

10. Name and Address of New Registered Agent
81 Name: ALAN WENTNICK
82 Street Address (P.O. Box Number is Not Acceptable): 1550 NE MIAMI GARDENS DRIVE
83 #407
84 City: N. MIAMI BEACH FL 85 Zip Code: 33179

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: Alan Wentnick V 1/13/97
Signature typed or printed name of proposed agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/V/S/S	☒ DELETE
NAME	JOSEPH SPIRITI	
STREET ADDRESS	1911 SW 126 CT	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☐ Change ☒ Addition
1.2 NAME	SHARON WENTNICK	
1.3 STREET ADDRESS	1550 NE MIAMI GARDENS DRIVE, #407	
1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
2.1 TITLE	V/S	☐ Change ☒ Addition
2.2 NAME	ALAN WENTNICK	
2.3 STREET ADDRESS	1550 NE MIAMI GARDENS DRIVE, #407	
2.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
3.1 TITLE	V/T/D	☐ Change ☒ Addition
3.2 NAME	RONALD L. DAVIS	
3.3 STREET ADDRESS	1550 NE MIAMI GARDENS DRIVE, #407	
3.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	900002066339	
6.1 TITLE	-01/23/97--01054--026	☐ Change ☐ Addition
6.2 NAME	***165.00	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

1/21

CR2E034 (9/96)

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 is added in an attachment with my title.

SIGNATURE: Alan Wentnick ALAN WENTNICK 1/13/97 305-944-4044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #