

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000021420 (0)

1. Corporation Name

MARCARE MEDICAL OFFICES, INC.



Principal Place of Business

8452 SW 24 STREET
MIAMI FL 33155

Mailing Address

8452 SW 24 STREET
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1996

4. FEI Number

65-0656162

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GONZALEZ, MARGARITA
8452 SW 24 STREET
MIAMI FL 33155

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

PO

☐ DELETE

NAME

GONZALEZ, MARGARITA

STREET ADDRESS

8452 SW 24 STREET

CITY - ST - ZIP

MIAMI FL 33155

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

☐ Change

☐ Addition

1.2

NAME

1.3

STREET ADDRESS

1.4

CITY - ST - ZIP

2.1

TITLE

☐ Change

☐ Addition

2.2

NAME

2.3

STREET ADDRESS

2.4

CITY - ST - ZIP

3.1

TITLE

☐ Change

☐ Addition

3.2

NAME

3.3

STREET ADDRESS

3.4

CITY - ST - ZIP

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

6.1

TITLE

☐ Change

☐ Addition

6.2

NAME

6.3

STREET ADDRESS

6.4

CITY - ST - ZIP

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 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-98

Date Daytime Phone # 0216885

CR2E034 (10/97)