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Mar 04 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 # P96000030289 (8)

1. Corporation Name
MAREN HEALTH SERVICES, INC.



Principal Place of Business

Mailing Address

1624 TIGERTAIL AVE
COCONUT GROVE FL 33133

1624 TIGERTAIL AVE
COCONUT GROVE FL 33133

75 SW 8th St., Ste 400
Miami, Florida 33130

3. Date Incorporated or Qualified 04/08/1996
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 75 SW 8th St.

26 444 Brickell Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 400

27 Suite 51 Apt 241

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33130

25 USA

29 33130

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAY-JONES, TERESA
1624 TIGERTAIL AVE
COCONUT GROVE FL 33133

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: Teresa Gray Jones TERESA Gray Jones Feb 27, 1997

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GRAY-JONES, TERESA
STREET ADDRESS 1624 TIGERTAIL AVE
CITY-ST-ZIP COCONUT GROVE FL 33133

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME JONES, DAVID C
STREET ADDRESS 1624 TIGERTAIL AVE
CITY-ST-ZIP COCONUT GROVE FL 33133

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address.

SIGNATURE: Teresa Gray Jones 2/27/97 358-5492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)