


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

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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: **1624 TIGERTAIL AVE COCONUT GROVE FL 33133**
75 SW 8th St., Ste 400 Miami, Florida 33130

Mailing Address: **1624 TIGERTAIL AVE COCONUT GROVE FL 33133**
444 Brickell Ave. Suite 51 Area 241 Miami, FL 33130

2. Principal Place of Business: **75 SW 8th St. 400 Miami, FL 33130 USA**

2a. Mailing Address: **444 Brickell Ave. Suite 51 Area 241 Miami, FL 33130 USA**

3. Date Incorporated or Qualified: **04/08/1996**

3a. Date of Last Report: _____

4. FEI Number: **65-0658089**

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

10. Name and Address of New Registered Agent

81 Name: _____

82 Street Address (P.O. Box Number is Not Acceptable): _____

83 _____

84 City: _____ State: **FL** 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)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAY-JONES, TERESA	
STREET ADDRESS	1624 TIGERTAIL AVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, DAVID C	
STREET ADDRESS	1624 TIGERTAIL AVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **TERESA Gray Jones** **2/27/97** **358-8492**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)