SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000042284 (5)

FAMILY CARE MEDICAL, IN	C. II				
Principal Place of Business	Mailing Address				
11352 SW 184 ST. MIAMI FL 3157	11352 SW 184 ST. MIAMI FL 3157				
2. Principal Place of Business	26. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
22	27				

FILED Sep 11 1997 8:00am Secretary of State

Principal Place of Business 11352 SW 184 ST. MIAMI FL 3157		Mailing Address 11352 SW 184 ST. MIAMI FL 3157		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report			
					3. Date Incorporated or Qualified 05/17/1996	3a. Date of Las	si Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	'	Applied For
21		26			65-6669919		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	5 Additional Required
City & State	0	City & State			6. Election Campaign Financing		OO May Be
23		28	1 ^		Trust Fund Contribution		ed to Fees
Zip 24	Country 25	29 33\57	30	untry	This corporation owes or has pa Personal Property Tax due June	30. Yes	Intangible No
O.F.	9, Name and Address of Currer	it Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent	
	RRA, HERMINIA			81 Name			
	138 SW 184 ST. IMI FL 3157			82 Street Add	lress (P.O. Box Number is Not Acceptab	le)	
INIT	uni LE 3191			83			
	•			B4 City		FL 85 2	ip Code
office or n agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accompline oblig the state of the s	e of Florida, Such change was lations of, Section 607.0505, F <- ent and title if approcable (NC	s authorize Florida Sta OTE: Registere	d by the coroora		of the appointment	as registered
12.	OFFICERS AN		13,		ADDITIONS/CHANGES TO OFFIC		
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CITY-ST-ZIP TITLE	DST						ļ
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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.