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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000045776

Corporation Name

"M" LIFE CARE INC.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90078 032 ***150.00



Principal Place	of Business	Mailing Address			{ 	/BE(E E(E) (BE)
8352 S W 40TH		6800 S W 40TH STREET				
MIAMI FL 33155		STE 231		·		
US				DO NOT WRITE IN TH	IIS SPACE	
		US		3. Date Incorporated or Qualified 05/30/1996		
2. Principal Pl	ace of Business	2a. Mailing Address	1 -4	4. FEI Number	Apr	plied For
21 835	12 5W 4051	26 6800 SW 4	lo st	<u>65-0667775</u>	Not	t Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Rec	
City & State	imi Fl	City & State 28 MIAMI F	1.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	May Be
Zip 24 <i>多う/</i> 3	55 25 V.S. A.	2ip 29 33155 30	V.S.A.	This corporation owes the current year Personal Property Tax.	Yes .	⊠ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent	
+51			81 Name			ĺ
TENA, MARTA			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
683 NW 134 PL.			on our radii	000 (1.01.00.11.01.10.11.01.0		
MIAN	/II FL 33182		83			
ĺ			84 City		85 Zip C	Code
			64 City	F	L C	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was authori	zed by the comporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its pointment as rec	registered gistered
SIGNATURE						\
000000000	Signature, typed or printed name of registered agen		ered Agent signature required			DO 111 40
12.			<u> 3.</u>	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	DP TENA MARTA		1 TITLE			
NAME	TENA, MARTA		2 NAME			}
STREET ADDRESS	683 NW 134 PL.	9	3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33182		4 CITY-ST-ZIP		Change	Addition
TITLE	DV	· ·	1 TITLE			[
NAME	TENA, ERNESTO		2 NAME			Ì
STREET ADDRESS	683 NW 134 PL.		3 STREET ADDRESS			ļ
CITY-ST-ZIP	MIAMI FL 33182		4 CITY-ST-ZIP		Change	"["] Addition
TITLE			1 TITLE			
NAME			2 NAME	•		
STREET ADDRESS			3 STREET ADDRESS			
CITY-ST-ZIP			4. CITY-ST-ZIP		Change	Addition
TITLE			1 TITLE			
NAME			2 NAME			
STREET ADDRESS			3 STREET ADDRESS		-	
CITY-ST-ZIP			4 CITY-ST-ZIP		Change	Addition
TITLE			.1 TITLE 2 NAME		المارين المارين	
NAME			3 STREET ADDRESS			
STREET ADDRESS			4 CITY-ST-ZIP			
CITY-ST-ZIP			1 TITLE		☐ Change	Addition
TITLE	i		2 NAME		□ 2.101.90	
NAME			1.			
STREET ADDRESS		B .	3 STREET ADDRESS			

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 of on an attachment with an address, with all other like empowered.

SIGNATURE:

305 22582 25