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Feb 03 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 # P96000047784 (9)

1. Corporation Name

CMC MEDICAL CARE, INC.

Principal Place of Business

801 SW 98 PL.
MIAMI FL 33174

Mailing Address

501 SW 98 PL.
MIAMI FL 33174-1961



3. Date Incorporated or Qualified
06/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 2315 West Flagler Street
Suite, Apt. #, etc.

22. Mailing Address

26 2315 West Flagler Street
Suite, Apt. #, etc.

4. F.I. Number

65-0669677

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

City & State

23 Miami FL

City & State

28 Miami FL

Zip

24 33135

Country

25 USA

Zip

29 33135

Country

30 USA

9. Name and Address of Current Registered Agent

BENET, CONSTANCIA
501 SW 98 PL.
MIAMI FL 33174

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME BENET, CONSTANCIA
STREET ADDRESS 501 SW 98 PL.
CITY-ST-ZIP MIAMI FL 33174

TITLE DV ☒ DELETE

NAME CASTELLANOS, ILEANA M
STREET ADDRESS 501 SW 98 PL.
CITY-ST-ZIP MIAMI FL 33174

TITLE DS ☒ DELETE

NAME CASTELLANOS, MARTHA M
STREET ADDRESS 501 SW 98 PL.
CITY-ST-ZIP MIAMI FL 33174

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 President, Vice president ☒ Change ☐ Addition

1.2 NAME Treasure.

1.3 STREET ADDRESS Constancia Benet

1.4 CITY-ST-ZIP 501 SW 98 Place Miami FL 33174

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 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:

[Signature]

02-07-97

(305) (31)-0100

CR2E034 (9/96)