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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # P96000049237 (6)

PACIFIC HEALTH CARE INC.

Principal Place of Business

Mailing Address

FILED Apr 23 1997 8:00am Secretary of State



| 9100 S. DADELAND BLVD. SUITE 704 MIAMI FL 33156 | | 9100 S. DADELAND BLVD. Suite 704 Miami Fl. 33156-7815 | | | | |
|--|--|--|---|---|-------------------------------|--|
| | | | | Date Incorporated or Qualified 06/10/1996 | 3a. Date of Last | Report |
| 2. Pancipal | 2 SW 8 STreet | 2a. Mailing Address | | 4. FEL Number | | Applied For |
| 21 6 14 Suite, Apt | Y : | Suite, Apt. #, etc. | | 60-0612526 | | lot Applicable |
| 22 8 | #, eu | 27 | | 5. Certificate of Status Desired | 1 1 ' | Additional Required |
| 23 KY & Stat | mi, FL | City & State | | Election Campaign Financing Trust Fund Contribution | | May Be to Fees |
| - ²¹⁰ 33 | BS 25 USA | Zip 29 | Country 30 | | Yes 🔲 No | s. 199.032, |
| | 9. Name and Address of Currer | nt Registered Agent | | 10. Name and Address of New Re | gistered Agent | |
| | CO, MARIA | | B1 Name | | | |
| | o S. Dadeland Blvd. Te 704 | | 62 Street Ad | idress (P.O. Box Number is Not Acceptab | le) | |
| MIA | MI FL 33156 | | 83 | | | |
| | | | 84 City | | FLI | Code |
| 11. Pursuant | to the provisions of Sections 607,050 | 2 and 607.1508, Florida Statu | tes, the above-named co | orporation submits this statement for the p | urpose of changing | its registered |
| office or i agent Ta | registered age nt. I r both, in the State an familiar with ac d accept the oblig | of Florida. Guch change was at an of, Seation 607.0505, F | authorized by the corpor lorida Statutes. | orporation submits this statement for the pration's board of directors. I hereby accept | of the appointment a | s registered |
| SIGNATURE | Malia | (sue | | • | 41797 | |
| CHESTALLIC | | | | | | |
| | Signature, type a or printed name of registered age | | TE Registered Agent signature rec | quired when reinstating) | DATE | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | quired when reinstaring) ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTO | |
| THE | OFFICERS AN | | 13. 1.1 TITLE | | | |
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information inclicated on this applicant an officer or director of the appears in Block 12 or Block 13 wal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that disporation or the receiver or thisteelempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: