

56-97 B-6380 C
FILE NOW. FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 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 # P96000071999 (2)

1. Corporation Name
CONTINUCARE-AVENTURA, INC.



Principal Place of Business
3333 W COMMERCIAL BLVD
SUITE 105
FORT LAUDERDALE FL 33309

Mailing Address
3333 W COMMERCIAL BLVD
SUITE 105
FORT LAUDERDALE FL 33309-3407

3. Date Incorporated or Qualified 08/26/1996	3a. Date of Last Report N/A
4. FEI Number 65-0691685	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 100 SE 2nd Street Suite, Apt. #, etc. 22 36th Floor City & State 23 Miami, FL Zip 24 33131	2a. Mailing Address 26 100 SE 2nd Street Suite, Apt. #, etc. 27 36th Floor City & State 28 Miami, FL Zip 29 33131
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9. Name and Address of Current Registered Agent

SPEAR, GARRY R ESQ.
7280 W. PALMETTO PARK
SUITE 204
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name Susan Tarbe	85 Zip Code 33131
82 Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street	
83 36th Floor	
84 City Miami	
85 FL	

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 *Susan Tarbe* Susan Tarbe Exec VP, General Counsel 4/21/97

(NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D FERNANDEZ, CHARLES M 105 PALOMA DRIVE CORAL GABELS FL 33143	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	C/D/P Charles M. Fernandez 100 SE 2nd Street, 36th Floor Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/S Susan Tarbe 100 SE 2nd Street, 36th Floor Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V/D Michael C. Piercey 100 SE 2nd Street, 36th Floor Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V Carlis Sabinson 100 SE 2nd Street, 36th Floor Miami, FL 33131 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T Maria T. Sosa 100 SE 2nd Street, 36th Floor Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 to an address.

SIGNATURE *Susan Tarbe* Susan Tarbe 4/21/97

CR2E034 (9/96)