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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000093274

CARE SERVICES P.H.P., INC.

Principal Place of Business

SIGNATURE:

Mailing Address

M

387.8603

FILED 97 JUL 25 AM II: 47

SECRETARY OF STATE TALLAMASSEE, FLORIDA

	S.W. 150 Avenue			re. #101
Miam:	i, FL 33196	Miami,	FL 33196	3. Date Incorporated or Qualified 3a. Date of Last Report
2 Principal Pl	ace of Business	2a. Mailing Address		11-14-96 Applied For
└	ace of Business	26		65-0707658 Not Applicable
Suite, Apt	# etc	Suite, Apt. #, etc.		SR 75 Additional
22		27		Fee Required
City & State	•	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	28 Zip	Country	This corporation has liability for intangible tax under s. 199.032.
24	25		30	Florida Statutes Yes No
24	9. Name and Address of Curre		501	10. Name and Address of New Registered Agent
81 Name				
Stewa	art G Greenberg	DA	Jua	n Magdaleno
	S.W. 102 Avenue		82 Street /	Address (P.O. Box Number is Not Acceptable) BO S.W. 150 Avenue # 101
	i, FL 33173	-	83	O D.W. IDO AVEINE # IOI
MIAM.	I' ET 221/2			
	MI		84 Wia	mi. FL 85 33°1°96
11. Pursuant to the privilege Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered				
office or re	egistered adent of both, in the State in languar with and accept the oblig	e of Florida. Such change was ac actions of, Section 607,0505, Flor	uthorized by the corp rida Statutes.	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	1111/1/2			ored Macut - Juan Macdalano
SIGNATURE	Stopping y a first internet of registered ag	gert and title if applicable (NOTE	Registered Agent signature	ered Agent - Juan Magdaleno
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Vicinity of the Change Addition Juny J May Lolon
TITLE	DP	☐ DELETE	1 1 TITLE	Vren: 400 + L Change L Addition
NAME	JuanJMagdaleno		1.2 NAME	Juny J Magdolono
STREET ADDRESS	9280 S.W. 150 A	venue # 101	1 3 STREET ADDRESS	
CITY-ST-ZIP	Miami. FL 33196		1.4 CITY - ST - ZIP	
TITLE	Vice President	K DELETE	2 1 TITLE	Vice President Change Addition
NAME	Juan Magdaleno		2 ? NAME	Liz Rodriguez
STREET ADDRESS	9280 S.W. 150 A	lizanija	2.3 STREET ADDRESS	9280 S.W. 150 Avenue
CITY-ST-2IP	Miami, FL 33196		2 4 CHY-ST-ZIP	Minni PI - 33106
TITLE	MIGHT TD 55190	☐ DELETE	31 THLF	Change Addition
NAME 🚚			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CHY-\$177P			34 CITY-ST-7IP	
TITLE 🐨		☐ DELETE	41 TITLE	-U (/3U/J (U Umlange U U Addition
NAME			4 2 NAME	****165.00 ****165.00
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIF			4.4 CITY - ST - ZIP	
TITLE		DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - 7IP	
TITLE		DELETE	6 1 TITLE	Change
NAME			6.2 NAME	A \land
STREET ADDRESS			63 STREET ADDRESS	/KL/1)
CITY - ST - ZIP			64 CITY+ST-ZIP	//j/\/
14. I do hereb	by certify that the information supplies	ed with this filing does not qualify	for the exemption s	lated in Section 119.07(3)(i), Florida Statutes, further certify that the
l am an of	licer or director of the sorpo appring	he receiver or trustee empower	ered to execute this r	lated in Section 119.07(3)(), Florida Statutes, Turting certify that the that my signature shall have the same logal effect of sil made under oath, tha eport as required by Chapter 607, Florida Statutes, and that my name
appears in	n Block 12 or Block 12 if ch///ged/	in ag attachment with an addr	ess.	

CARE SERVICES P.H.P.

M.2

9280 S.W. 150 Ave. Suite 101-101B Miami, Florida

P h: (305) 387-8003 Fax: (305) 387-8048

JULY 20, 1997

TO: DIV. OF CORPORATIONS:

ATTN: MS. LESLIE SELLERS

THE PURPOSE OF THIS LETTER IS TO NOYIFY YOU THAT CARE SEVICES, P.H.P., INC., HAS SENT THE ANNUAL REPORT DATED ON 1-13-1997, WITH CHECK #1009 TO YOU. APPARENTLY, THE PAYMENT GET LOST: IN THE MAIL.

I CALLED THE DIV. OF CORPORATIONS AND EXPLAINED THE SITUATION. I WAS TOLD THAT WE CAN MAIL ANOTHER REPORT WITH ANOTHER CHECK ON THE ORIGINAL AMOUNT.

AS PER OUR CONVERSATION, ENCLOSED, YOU WILL FIND A COPY
OF THE ORIGINAL CHECK THAT WAS LOST IN THE MAIL, TO WHICH
WE HAVE TO PUT A STOP PAYMENT. PLEASE, BE ACKNOWLEDGED
THAT CHECK #1009 IS BEING REPLACED WITH CHECK #1216 ENCLOSED.
THANK YOU FOR TAKING CARE OF THIS MATTER. WE DO REALLY
APPRECIATE IT.

SINCERELY;

MOMINISTRATOR (