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FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000016193 (9)

1. Corporation Name

ELDER CARE OPTIONS, INC.

Principal Place of Business

3301 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES FL 33134

Mailing Address

3301 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 444 BRICKELL AVENUE  
Suite, Apt. #, etc.

22 612  
City & State

23 Miami FL  
Zip Country

24 33131

2a. Mailing Address

26 444 BRICKELL AVENUE  
Suite, Apt. #, etc.

27 612  
City & State

28 Miami FL  
Zip Country

29 33131

30 US

3. Date Incorporated or Qualified

02/17/1997

4. FEI Number

65-0735394

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PINES-CONTE, ELIZABETH C ESQUIRE  
3301 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES FL 33134

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME SILVA, CARLOS  
STREET ADDRESS 3301 PONCE DE LEON BLVD., SUITE 200  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VS ☐ DELETE  
NAME PINES-SILVA, MARIA C  
STREET ADDRESS 3301 PONCE DE LEON BLVD., SUITE 200  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE  
NAME Maria LARREA  
STREET ADDRESS 444 BRICKELL AVENUE SUITE 612  
CITY-ST-ZIP MIAMI, FL 33131

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 PD ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 444 BRICKELL AVENUE, SUITE 612  
1.4 CITY-ST-ZIP MIAMI, FL 33131

2.1 TITLE V ☒ Change ☐ Addition  
2.2 NAME EUNICE NICUSANTE  
2.3 STREET ADDRESS 444 BRICKELL AVENUE, SUITE 612  
2.4 CITY-ST-ZIP MIAMI, FL 33131

3.1 TITLE V ☐ Change ☒ Addition  
3.2 NAME MARIA LARREA  
3.3 STREET ADDRESS 444 BRICKELL AVENUE SUITE 612  
3.4 CITY-ST-ZIP MIAMI, FL 33131

4.1 TITLE VT ☐ Change ☒ Addition  
4.2 NAME FERNANDO ARCINIEGA  
4.3 STREET ADDRESS 444 BRICKELL AVENUE  
4.4 CITY-ST-ZIP MIAMI, FL 33131

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 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

4-21-98

(305) 358-1366

CR2E034 (10/97)