

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90081 028 ***150.00

DOCUMENT # P97000016193

1. Corporation Name
ELDER CARE OPTIONS, INC.

Principal Place of Business

444 BRICKELL AVE
612
MIAMI FL 33131
US

Mailing Address

444 BRICKELL AVE
612
MIAMI FL 33131
US

2. Principal Place of Business

21 8051 NW 36 ST.

Suite, Apt. #, etc.

22 620

City & State

23 MIAMI, FL

Zip

24 33166

Country

2a. Mailing Address

26 8051 NW 36 ST

Suite, Apt. #, etc.

27 620

City & State

28 MIAMI, FL

Zip

29 33166

Country

30

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

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 PD. ☐ DELETE

NAME SILVA, CARLOS

STREET ADDRESS 444 BRICKELL AVE STE 612

CITY-ST-ZIP MIAMI FL 33131

TITLE V ☐ DELETE

NAME NICUSANTE, EUNICE

STREET ADDRESS 444 BRICKELL AVE STE 612

CITY-ST-ZIP MIAMI FL 33131

TITLE V ☐ DELETE

NAME LARREN, MARIA

STREET ADDRESS 444 BRICKELL AVE STE 612

CITY-ST-ZIP MIAMI FL 33131

TITLE VT ☐ DELETE

NAME ARCINIEGA, FERNANDO

STREET ADDRESS 444 BRICKELL AVE STE 612

CITY-ST-ZIP MIAMI FL 33131

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 8051 NW 36 ST, SUITE 620

1.4 CITY-ST-ZIP MIAMI, FL 33166

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 8051 NW 36 ST, SUITE 620

2.4 CITY-ST-ZIP MIAMI, FL 33166

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS MARIA LARREA 8051 NW 36 ST, SUITE 620

3.4 CITY-ST-ZIP MIAMI, FL 33166

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 8051 NW 36 ST, SUITE 620

4.4 CITY-ST-ZIP MIAMI, FL 33166

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)