

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

FILED
May 01 1998 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Corporation Name Medlife Health Care of Broward, Inc.		DOCUMENT # P97000035199	
Mailing Address Pembroke Pines Professional Center 9050 Pines Blvd, Suite 454 Pembroke Pines, FL 33024		Principal Place of Business 9050 Pines Blvd, Suite 454 Pembroke Pines, FL 33024	
2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 04/21/1997		3a. Date of Last Report 04/21/97	
4. FEI Number 65-0751643		Applied For Not Applicable	
5. Certificate of Status Desired \$8.75		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
7. Nonprofit Exempt from \$138.75 Supplemental Fee		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No	
9. Name and Address of Current Registered Agent Oscar B. Espinal 9050 Pines Blvd, Suite 454 Pembroke Pines, FL 33024		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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(4) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.		300002509573 -05/04/98--01069--015 ***150.00	
SIGNATURE: Oscar B. Espinal		4-21-98 305-267-7787	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	