

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  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90011 011 \*\*\*150.00

DOCUMENT # P97000035573

1. Corporation Name

SUN CARE SERVICES OF SOUTH FLORIDA, CORP.

Principal Place of Business

9880 SW 40TH STREET  
MIAMI FL 33165

Mailing Address

9880 SW 40TH STREET  
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

65-0746204

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

GONZALEZ, JORGE A  
5620 SW 108TH COURT  
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City MIAMI

85 Zip Code FL 33165

11. Pursuant to the provisions of Sections 607.0102 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 provisions 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	<input type="checkbox"/> DELETE
NAME	GONZALEZ, JORGE A	
STREET ADDRESS	5620 SW 108 COURT	
CITY-STATE-ZIP	MIAMI FL 33165	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OLBERA, OSVALDO J	
STREET ADDRESS	9542 SW 39TH COURT	
CITY-STATE-ZIP	MIAMI FL 33165	
TITLE	<del>SD</del>	<input type="checkbox"/> DELETE
NAME	<del>GONZALEZ, JORGE A</del>	
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5025 SW 113 CT
1.4 CITY-STATE-ZIP	MIAMI, FL - 33165
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5620 S.W. 108 CT.
2.4 CITY-STATE-ZIP	MIAMI, FL. 33173
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DVP
3.3 STREET ADDRESS	GONZALEZ DAMASO
3.4 CITY-STATE-ZIP	1191 S.W. 62 TR. MIAMI, FL 33173
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DVP
4.3 STREET ADDRESS	SANTANA, MARIA E
4.4 CITY-STATE-ZIP	9542 S.W. 39 CT MIAMI, FL. 33165
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DVP
5.3 STREET ADDRESS	SANTANA, MARIA E
5.4 CITY-STATE-ZIP	5620 S.W. 108 CT MIAMI, FL. 33173
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 if at 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

JORGE A. GONZALEZ

Date

Daytime Phone #

4/26/99 (205) 828-1488