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PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 APR 27 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P97000055890

1. Corporation Name
VITALCARE GROUP, INC.

Principal Place of Business	Mailing Address
10200 N.W. 25th Street Miami, FL 33172	10200 N.W. 25th Street Miami, FL 33172

3. Date Incorporated or Qualified: June 24, 1997

2. Principal Place of Business	2a. Mailing Address
21 15800 N.W. 13th Avenue	26 15800 N.W. 13th Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33196 Country 25 U.S.A.	Zip 29 33196 Country 30 U.S.A.

4. FEI Number: 65-0763566 ☐ 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	10. Name and Address of New Registered Agent
BRCMC, Inc. c/o Blank Rome Comisky & McCauley 1401 Forum Way, Suite 700 West Palm Beach, FL 33401	81 Name: BRCMC, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): c/o Blank Rome Comisky & McCauley LLP 83: 1200 North Federal Highway, Suite 417 84 City: Boca Raton FL 85 Zip Code: 33432

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Ramzi Abulhaj 15800 N.W. 13th Avenue Miami, FL 33196	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/D Ramzi Abulhaj 15800 N.W. 13th Avenue Miami, FL 33196	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S/T Rick F. Admani 15800 N.W. 13th Avenue Miami, FL 33196	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V/S/T Rick F. Admani 15800 N.W. 13th Avenue Miami, FL 33196	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fayzeh Zakaria 15800 N.W. 13th Avenue Miami, FL 33196	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D Fayzeh Zakaria 15800 N.W. 13th Avenue Miami, FL 33196	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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 report or supplemental 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: Ramzi Abulhaj 4/22/98 (305) 597-9067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)