


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0058177

PROFIT CORPORATION ANNUAL REPORT 1998 1999				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000080198 (9)					
1. Corporation Name AMERICARE MEDICAL CENTRE, INC.					


Principal Place of Business 1434 NORTHEAST 163RD STREET NORTH MIAMI BEACH FL 33162	Mailing Address 1434 NORTHEAST 163RD STREET NORTH MIAMI BEACH FL 33162
--	--

2. Principal Place of Business 21 1652 NE Miami Gardens Suite, Apt. #, etc. 22 FLA. City & State 23 FLA. Zip 24 33179 County 25 DADE	2a. Mailing Address 26 910 B. Green Suite, Apt. #, etc. 27 600 S. Andrews #400 City & State 28 FT LAUDERDALE FL Zip 29 33301 Country 30 USA
9. Name and Address of Current Registered Agent MILLER, BARBARA 1442 N.W. 13TH TERRACE MIAMI FL 33125	

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MILLER, BARBARA
STREET ADDRESS	3300 N.E. 191ST STREET SUITE 800
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

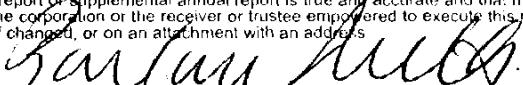
FILED
99 JAN 29 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


REINSTATEMENT	
3. Date Incorporated or Qualified 09/16/1997	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 05-0781624	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	

81 Name GREEN, BRUCE D.	85 Zip Code 33301
82 Street Address (P.O. Box Number is Not Acceptable) 600 S. ANDREWS AVENUE	
83 SUITE 400	
84 City FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE	
12 NAME	300002770893-- 3
13 STREET ADDRESS	-02/10/93 -01004 -003
14 CITY-ST-ZIP	***758.75 ***758.75
21 TITLE	
22 NAME	300002770893-- 3
23 STREET ADDRESS	-02/10/93 -01004 -004
24 CITY-ST-ZIP	***150.00 ***150.00
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:  **Barbara Miller** 9/24/99 305 3248228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/98)