

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90011 046 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000023674 ✓

1. Corporation Name

PRO CARE MEDICAL CENTER, INC.

Principal Place of Business  
27104 SO DIXIE HWY  
MIAMI FL 33032Mailing Address  
27104 SO DIXIE HWY  
MIAMI FL 33032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1998

2. Principal Place of Business

21 27104 S. Dixie Hwy.

2a. Mailing Address

26 Same as above

4. FEI Number

65-0842970

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City &amp; State

23 Miami, FL 33032

City &amp; State

28

6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33032

25 Dade

29

30

8. This corporation owes the current year  
Intangible Personal Property.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACOSTA, ELIZABETH  
27104 SO DIXIE HWY  
MIAMI FL 33032

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

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

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

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

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

10.1 TITLE

10.2 NAME

10.3 STREET ADDRESS

10.4 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.

SIGNATURE:

SIGNATURE REQUIRED

7.20.99

Date

305  
245-4001

Daytime Phone

CR2E034 (5/99)