## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE May 13, 1999 8:00 am Secretary of State CORPORATION Katherine Harris ANNUAL REPORT Secretary of State • 1999 DIVISION OF CORPORATIONS 05-13-1999 90023 030 \*\*\*150.00 DOCUMENT # HEALTHCARE Principal Place of Business Mailing Address 9430 SW 53RD STREET DO NOT WRITE IN THIS SPACE MIAMI, FL. 33165 3. Date Incorporated or Qualifed Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0863673 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 28 Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation owes the current year Intangible ×Νο Personal Property Tax. 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RENE VELE Z Street Address (P.O. Box Number is Not Acceptable) 82 83 Zip Code MIAMI 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. 04/30199 SIGNATURE gnature required when reinstating) CR2E034 (11/98) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 ☐ DELETE 1.1 TITLE ☐ Change TITLE RES IDENT NAME 1.2 NAME Verez ENE 53RN ST. 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP TDELETE ☐ Change ☐ Addition TITLE 2.1 TITLE 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 31 TITLE 3.2 **NAME** 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIF □ DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition ☐ Change 5.1 TITLE TITLE 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE TITLE ☐ Change ☐ Addition 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE

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

on an attachment with an address, with all other like empowered.

Block 12 or Block 13 if changed, or

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