


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90159 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # P98000087083																													
1. Corporation Name MEDCARE THERAPY CENTER, INC.																													
Principal Place of Business 12225 S.W. 119TH TERRACE MIAMI FL 33186			Mailing Address 12225 S.W. 119TH TERRACE MIAMI FL 33186																										
DO NOT WRITE IN THIS SPACE																													
2. Principal Place of Business 21 13550 SW 88 ST Suite, Apt. #, etc. 22 #280 City & State 23 Miami, FL Zip Country 24 33186 25 Dade						2a. Mailing Address 26 13825 SW 88 ST Suite, Apt. #, etc. 27 PMB #185 City & State 28 Miami, FL Zip Country 29 33186 30 DADE						3. Date Incorporated or Qualified 10/12/1998						4. FEI Number 05-0868229						Applied For <input checked="" type="checkbox"/> Not Applicable					
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No																	
9. Name and Address of Current Registered Agent JIMENEZ, KARLA 12225 S.W. 119TH TERRACE MIAMI FL 33186												10. Name and Address of New Registered Agent 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 TITLE D <input type="checkbox"/> DELETE NAME JIMENEZ, KARLA STREET ADDRESS 12225 S.W. 119TH TERRACE CITY-ST-ZIP MIAMI FL 33186												13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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, with all other like empowered.

SIGNATURE:

Karla Jimenez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99
 Date

(305) 388-6115
 Daytime Phone #

CR2E034 (11/98)