

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



APPROVED AND FILED

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05 MAY -1 AM 11:47

SOUTH FLORIDA PROFESSIONAL CARE, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2450 S.W. 137TH AVENUE, SUITE 209  
MIAMI FL 33175

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MIAMI FL 33175

21	26
22	27
23	28
24	29

3. Effective Date	3a. Expiration Date
02/06/1991	04/26/1994
4. License Number	5. State of Origin
59-3056243	
6. License Fee	7. Additional Fee
	\$8.75 Additional Fee Required
8. License Category	9. License Status
	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CUESTA, YOLANDA  
2251 S.W. 136 COURT  
MIAMI FL 33175

10. Name and Address of New Registered Agent

11. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the person named as the registered agent is a resident of the State of Florida and is qualified to receive service of process.

12. PSD  
CUESTA, YOLANDA  
2251 S.W. 136TH STREET  
MIAMI FL 33175

TD  
CUESTA, SEGUNDO  
2251 S.W. 136TH STREET  
MIAMI FL 33175

13. [Empty registration table with columns for name, address, and other details]

14. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the person named as the registered agent is a resident of the State of Florida and is qualified to receive service of process.

SIGNATURE:

4/26/95 (303) 531-2761