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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # \$29926

1. Corporation Name

(0)

SOUTH FLORIDA PROFESSIONAL CARE, INC.

Principal Place of Business Mail

Mailing Address



2450 S.W. 137TH AVENUE. SUITE 209 MIAMI FL 33175			2450 S.W. 137TH AVEN MIAMI FL 33175	we. Suite	209	3. Date Incorporated or Qualified 02/06/1991	3a. Date of Last Re 05/01/19	•
2. Principal Plac	e of Business	2a.	Mailing Address			4. FEI Number		Applied For
1	Q Q Daariooo	26				59-3056243		Not Applicable
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State			City & State			Election Campaign Financing Trust Fund Contribution		D May Be i to Fees
3 Zip	Country	28	Zip	Cour	ntry	8. This corporation has liability for i		
4	25	29	'	30	•	11.100.010.010	□No	
1	9. Name and Address of Curren	t Regis	stered Agent			10. Name and Address of New R	legistered Agent	
					81 Name			
CUESTA, YOLANDA 2251 S.W. 136 COURT MIAMI FL 33175				62 Street Ad		dress (P.O. Box Number is Not Acceptat	ole)	
				•	83			
					84 City		FL 85 Zi) Code
44 D	the previous of Parkage 607 0504	Landler	7 1508 Florida Statute	as the abo	ve-named come	oration submits this statement for the pul ard of directors. I hereby accept the app	roose of changing its	egistered office
SIGNATURE	, and accept the obligations of, Sect	are to 1	applicate (NO		Age o signature recu	red wher, real College ADDITIONS/CHANGES TO OFF	DATE	DRS IN 12
12.	OFFICERS AN	D DIRE	DELETE	i 1 II	ITLE	ADDITIONO/OFFINITGES TO OFF	☐ Change	Addition
TITLE NAME	PSD CUESTA VOLANDA		bear it	12 N/				<u></u>
NAME.	CUESTA, YOLANDA				THEE ADDRESS			
CIRCUL TRADES	20E4 CW 122TH CTDEET							
STREET ADDRESS CITY-ST-ZIP	2251 S.W. 136TH STREET MIAMI FL 33175				TY-\$1-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE	2251 S.W. 136TH STREET MIAMI FL 33175 TD		DELETE		TY-S1-ZIP		Change	Add-tion
CITY-ST-ZIP	MIAMI FL 33175		☐ DELEBÉ	1 4 Ci 2 1 Ii 2 2 N/	ITY-S1-ZIP HILE AME		Change	Add-tion
CITY-ST-ZIP TITLE	MIAMI FL 33175 TD CUESTA, SEGUNDO 2251 S.W. 136TH STREET		□ DELETE	14 CF 2 1 Fr 2 2 N/ 2 3 SF	ITY-S1-ZIP IILE AME FREEL ADDRESS		☐ Change	Add-tion
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CITY-ST-ZIP TATLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL 33175 TD CUESTA, SEGUNDO 2251 S.W. 136TH STREET		☐ DELETE	14 Ci 2 1 Ti 22 Ni 23 Si 24 Ci 3 1 I	TY-S1-ZIP (ILE AME FREEL ADDRESS TY-S1-Z-P ILE		☐ Change	
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4. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Fidings statutes in United Statutes in United Statutes and that my signature shall have the same legal effect as if made under early 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 early 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 an all attachment with an address.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTER NAME OF STONING OFFICER OR DIRECTOR

4/30/96

35/-2/4