


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90027 017 ***158.75



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S31097					
1. Corporation Name MAXCARE, INC.					
Principal Place of Business 3900 NW 79TH AVE. SUITE 300 MIAMI FL 33166 US			Mailing Address 3900 NW 79TH AVE. SUITE 300 MIAMI FL 33166 US		
2. Principal Place of Business 21 15271 NW 60th AVE. Suite, Apt. #, etc. 22 102 City & State 23 MIAMI LAKES, FL Zip 24 33014 Country 25 US		2a. Mailing Address 26 15271 NW 60th AVE. Suite, Apt. #, etc. 27 102 City & State 28 MIAMI LAKES, FL Zip 29 33014 Country 30 US		3. Date Incorporated or Qualified 02/12/1991	
		4. FEI Number NOT APPLICABLE		Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent PUEnte, IDALIA 3900 NE 79TH AVE. SUITE 300 MIAMI FL 33166			10. Name and Address of New Registered Agent 81 Name PUEnte, IDALIA 82 Street Address (P.O. Box Number is Not Acceptable) 15271 NW 60th AVE. 83 SUITE 102 84 City, MIAMI LAKES FL 85 Zip Code 33014		
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	PD	<input type="checkbox"/> DELETE			
NAME	BUZNEGO, MARIA ELENA				
STREET ADDRESS	7520 LOCHNESS DR.				
CITY-ST-ZIP	MIAMI LKS FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	PUEnte, IDALIA				
STREET ADDRESS	12214 SW 105 LN				
CITY-ST-ZIP	MIAMI FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	PUEnte, IDALIA				
2.3 STREET ADDRESS	8230 NW 165th TERR.				
2.4 CITY-ST-ZIP	MIAMI, FL 33016				
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: [Signature] REQUIRED 4/19/99 (305) 556-3510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)