

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION  
**Reinstatement**  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morthern  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

96 NOV 26 AM 8:57

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **S43522 (9)**

1. Corporation Name  
**ARA HEALTH CARE, INC.**

**REINSTATEMENT**

Principal Place of Business Mailing Address  
**175 FONTAINEBLEAU BLVD.**  
**MIAMI FL 33172**  
**US**

3. Date Incorporated or Qualified **04/08/1991** 3a. Date of Last Report **08/17/1995**  
 4. FEI Number **05-0254997** Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fee**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **27501 South Dixie Hwy** 26 **PO Box 970201**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **Suite 404** 27  
 City & State City & State  
 23 **NARANJA, FLORIDA** 28 **MIAMI, FLORIDA**  
 Zip Country Zip Country  
 24 **33032** 25 **DADE** 29 **33197-0201** 30 **DADE**

9. Name and Address of Current Registered Agent  
**LOCHE, RENE A.**  
~~**20020 SW 113 PL**~~  
~~**MIAMI FL 33157**~~

10. Name and Address of New Registered Agent  
 01 Name **LOCHE, RENE A.**  
 02 Street Address (P.O. Box Number is Not Acceptable)  
**8871 SW 198 St**  
 03  
 04 City **MIAMI** FL 05 Zip Code **33157**

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 *Rene Loche* *Administrative Director* DATE **11/17/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>PSD</b>	<input type="checkbox"/> DELETE
NAME	<b>LOCHE, RENE A.</b>	
STREET ADDRESS	<b>20020 SW 113 PL</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>LOCHE, ISELA</b>	
STREET ADDRESS	<b>20020 SW 113 PL</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
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	<b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LOCHE, RENE A.</b>	
1.3 STREET ADDRESS	<b>8871 SW 198 St</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33157</b>	
2.1 TITLE	<b>VTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LOCHE ISELA</b>	
2.3 STREET ADDRESS	<b>8871 SW 198 St</b>	
2.4 CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
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	<b>400002018774-2</b>	
4.3 STREET ADDRESS	<b>-12/04/96-01001-008</b>	
4.4 CITY-ST-ZIP	<b>***383.75 ***383.75</b>	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rene Loche* DATE **10/28/96** (305) 248-2005

CR2E034 (3/96)