FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 — 5-1-95 B-60092

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

APPROVED AND FILED
95 MAY -1 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S47325 (3)

1. Corporation Name
M.I.A. HEALTHCARE, INC.

Principal Place of Business	Mailing Address
317 PALM AVE HIALEAH FL 33010-4715 US	144 NW 136 PLACE MIAMI FL 33182 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0257676	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 Fees
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 11117 W. OKEECHOBEE RD	26 #
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: HIALEAH GARDENS, FL	28 City & State
24 Zip: 33016 — 25 Country	29 Zip — 30 Country

9. Name and Address of Current Registered Agent

MEDEROS, ANA
144 NW 136 PLACE
MIAMI FL 33182

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	MEDEROS, MARIA E	1.2 NAME	
STREET ADDRESS	~~957 W 28TH ST~~ 144 NW	1.3 STREET ADDRESS	144 N.W. 136 PL
CITY ST ZIP	~~HIALEAH FL~~	1.4 CITY ST ZIP	MIAMI FL 33182
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	MEDEROS, ALFONSO	2.2 NAME	
STREET ADDRESS	~~957 W 28TH ST~~	2.3 STREET ADDRESS	144 NW 136 PL.
CITY ST ZIP	~~HIALEAH FL~~	2.4 CITY ST ZIP	MIAMI FL 33182
TITLE	D	3.1 TITLE	☑ Change ☐ Addition
NAME	MEDEROS, ANA	3.2 NAME	
STREET ADDRESS	~~957 W 28TH ST~~	3.3 STREET ADDRESS	144 N.W. 136 PL.
CITY ST ZIP	~~HIALEAH FL~~	3.4 CITY ST ZIP	MIAMI, FL 33182
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 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.

SIGNATURE: [signature] 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0207472 CP