FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S63422** **(7)**

1. Corporation Name
AURORACARE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
4175 W. 20TH AVE. HIALEAH FL 33012 US	2141 SW 1ST ST MIAMI FL 33135 US

3. Date Incorporated or Qualified: 06/24/1991
3a. Date of Last Report: 06/06/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

4. FEI Number: 65-0295456 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23):
City & State (28):

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): Country (25): Zip (29): Country (30):

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTINEZ, OLIVIA
MIAMI MENTAL HEALTH CENTER
2141 SW 1ST ST.
MIAMI FL 33135

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	JARDON, MARIO	1.2 NAME	
STREET ADDRESS	1840 W 49TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	WARD, ROBERT	2.2 NAME	
STREET ADDRESS	9400 NW 12TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	T ☒ Change ☐ Addition
NAME	GARCIA, RUDY	3.2 NAME	Jose Montes DE OCA
STREET ADDRESS	413 SW 89TH PL	3.3 STREET ADDRESS	4641 SW 127 Ave
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL 33175
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, OLIVIA T.	4.2 NAME	
STREET ADDRESS	14405 SW 92ND CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CROYSDALE, PATRICIA	5.2 NAME	
STREET ADDRESS	1151 STALING AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPGS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MAGER, JUDY	6.2 NAME	
STREET ADDRESS	11505 NE 22ND DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing, if 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: Olivia T. Martinez Secretary 4-28-95 647-7770
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0142250 CP