FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **S63422** (7)

1. Corporation Name

AURORACARE, INC.

Principal Place of Business
~~4175 W. 20TH AVE~~
~~HIALEAH FL 33012~~
~~US~~

Mailing Address
~~2141 SW 1ST ST~~
~~MIAMI FL 33135~~
~~US~~

3. Date Incorporated or Qualified: 06/24/1991	3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0295456	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
21 5757 Blue Lagoon Dr.
Suite, Apt. #, etc.
22 175
City & State
23 Miami, FL.
Zip 24 33126 Country 25 USA

2a. Mailing Address
26 same as 2.
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

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 ______

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	JARDON, MARIO	
STREET ADDRESS	1840 W 49TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V	☐ DELETE
NAME	WARD, ROBERT	
STREET ADDRESS	9400 NW 12TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☐ DELETE
NAME	DEOCA, JOSE MONTES	
STREET ADDRESS	4641 S.W. 127TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	MARTINEZ, OLIVIA T.	
STREET ADDRESS	14405 SW 92ND CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒ DELETE
NAME	CROYSDALE, PATRICIA	
STREET ADDRESS	1151 STALING AVE	
CITY-ST-ZIP	MIAMI SPGS FL	
TITLE	D	☒ DELETE
NAME	MAGER, JUDY	
STREET ADDRESS	11505 NE 22ND DR	
CITY-ST-ZIP	N MIAMI BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	☑ Change ☒ Addition
5.2 NAME	Jack Frisch	
5.3 STREET ADDRESS	919 NE. 13 St.	
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33304	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	Daniel Brady	
6.3 STREET ADDRESS	701 Lincoln Road	
6.4 CITY-ST-ZIP	Miami Beach, Fl. 33139	

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)(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 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] 2/13/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)