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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
5757 BLUE LAGOON DRIVE SUITE 175 MIAMI FL 33126 US	5757 BLUE LAGOON DRIVE SUITE 175 MIAMI FL 33126-2035 US

3. Date Incorporated or Qualified: 06/24/1991
3a. Date of Last Report: 02/15/1996

2. Principal Place of Business
21 5805 Blue Lagoon Dr.
Suite, Apt. #, etc. 22 Suite 440
City & State 23 Miami, Florida
Zip 24 33126 Country 25 US

2a. Mailing Address
26 5805 Blue Lagoon Dr.
Suite, Apt. #, etc. 27 Suite 440
City & State 28 Miami, Florida
Zip 29 33126 Country 30 US

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

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: Elia M. Lora
82 Street Address (P.O. Box Number is Not Acceptable): Aurora Care, Inc.
83 ~~5805~~ 5805 Blue Lagoon Dr.
84 City: Miami FL 85 Zip Code: 33126

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M D JARDON, MARIO 1840 W 49TH ST HIALEAH FL	☐ DELETE Error	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Daniel Brady V.P. 701 Lincoln Rd. Miami Beach, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WARD, ROBERT 9400 NW 12TH AVE MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	President Robert Ward 9400 NW 12th Ave Miami, FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DEOCA, JOSE MONTES 4641 S.W. 127TH CT MIAMI FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Treaurer Jack Frisch 919 NW 13 St. Ft. Lauderdale, FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINEZ, OLIVIA T. 14405 SW 92ND CT. MIAMI FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Secretary Evalina Bestma 5805 Blue Lagoon DR Miami, FL.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRISCH, JACK 919 NW 13 STREET FORT LAUDERDALE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	David Rice Director 5805 Blue Lagoon DR Miami, FL. 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRADY, DANIEL 701 LINCOLN ROAD MIAMI BEACH FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Director Steve Ronik 5805 Blue Lagoon Dr Miami, FL. 33126	☐ Change ☒ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Elia M. Lora 1/23/97 305-265-0287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #