

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S63422 (7)
1. Corporation Name
AURORACARE, INC.



Principal Place of Business
5805 BLUE LAGOON DR
SUITE 440
MIAMI FL 33126
US

Mailing Address
5805 BLUE LAGOON DR
SUITE
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/24/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0295456	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LORA, ELIA M AURORA CARE, INC. 5805 BLUE LAGOON DR MIAMI FL 33126		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 607.0402 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	MD CEO & PRESIDENT	1.1 TITLE	Director
NAME	JARDON, MARIO	1.2 NAME	David Rice, Ph.D
STREET ADDRESS	1840 W 49TH ST	1.3 STREET ADDRESS	5805 Blue Lagoon Dr.
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	* President	2.1 TITLE	Dr.
NAME	WARD, ROBERT	2.2 NAME	Evalina Bestman
STREET ADDRESS	9400 NW 12TH AVE	2.3 STREET ADDRESS	5805 Blue Lagoon Dr
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	* CEO & PRESIDENT	3.1 TITLE	
NAME	FRISCH, JACK	3.2 NAME	
STREET ADDRESS	919 NW 13 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	* EXECUTIVE DIRECTOR	4.1 TITLE	
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	* CEO & PRESIDENT	5.1 TITLE	
NAME	FRISCH, JACK	5.2 NAME	
STREET ADDRESS	919 NW 13 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	* Vice President	6.1 TITLE	
NAME	BRADY, DANIEL	6.2 NAME	
STREET ADDRESS	701 LINCOLN ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	

14. I 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 _____ DATE 1/20/98

CR2E034 (10/97)