

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S81637** (8)

1. Corporation Name:
STELLA MARIS HEALTHCARE CORPORATION

Principal Place of Business: **SUITE E, WILLIAMS BLD. 4701 MERIDIAN MIAMI BEACH FL 33140**

Mailing Address: **P.O. BOX 414338 MIAMI BEACH FL 33141-0338**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/20/1991** 3a. Date of Last Report: **08/01/1994**

4. FEI Number: **65-0501517** 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**

7. This corporation has recently re-incorporated under Florida Statutes: Yes No

| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 2a | Mailing Address |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Zip |
| 30 | County | | |

9. Name and Address of Current Registered Agent

**DIPIETRO, OLIVER R
SUITE E, WILLIAMS BLDG.
4701 MERIDIAN AVE.
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

B1 Name: _____

B2 Street Address (P.O. Box Number is Not Acceptable): _____

B3 _____

B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.04(1) 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 a general agent and accept the responsibilities of two ten (10) days Florida Statutes.

SECRETARY OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '94 | |
|--|--|---|---|
| 12.1 NAME: P DIPIETRO, OLIVER R | 12.2 STREET ADDRESS: 4701 MERIDIAN AVE., SUITE E, WILLIAM BLDG. | 13.1 NAME: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.3 CITY & STATE: MIAMI BEACH FL 33140 | | 13.2 STREET ADDRESS: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.4 CITY & STATE: | | 13.3 CITY & STATE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.5 NAME: | | 13.4 NAME: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.6 STREET ADDRESS: | | 13.5 STREET ADDRESS: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.7 CITY & STATE: | | 13.6 CITY & STATE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.8 NAME: | | 13.7 NAME: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.9 STREET ADDRESS: | | 13.8 STREET ADDRESS: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.10 CITY & STATE: | | 13.9 CITY & STATE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is signed by myself or by a person authorized to sign and that I am a duly qualified officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation of the following or broader organization to transact this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers, directors, or incorporators with an address:

SIGNATURE: *Oliver R. DiPietro* O. DiPietro 4/29/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR