
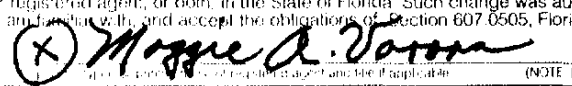
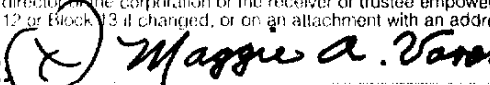


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S81946 (3)					
1. Corporation Name SOUTH FLORIDA PATIENT CARE, INC.					
Principal Place of Business 2390 N.W. 7TH ST. SUITE 203 MIAMI FL 33125 US			Mailing Address 2390 N.W. 7TH ST. SUITE 203 MIAMI FL 33125-3227 US		
2. Principal Place of Business 21 3399 N.W. 72 AVE. Suite, Apt. #, etc. 22 208B City & State 23 MIAMI FL. Zip Country 24 33122 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 09/20/1991	
				3a. Date of Last Report 04/19/1996	
		4. FEI Number 65-0289419		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent VARONA, MAGGIE A. 2390 NW 7TH ST #203 MIAMI FL 33125			10. Name and Address of New Registered Agent 81 Name MAGGIE A. VARONA 82 Street Address (P.O. Box Number is Not Acceptable) 3399 N.W. 72 AVE. 83 #208B 84 City MIAMI FL 85 Zip Code 33122		
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: 3/2/97 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.1 TITLE PST <input type="checkbox"/> DELETE 12.2 NAME VARONA, MAGGIE A. 12.3 STREET ADDRESS 2390 NW 7TH #203 12.4 CITY-STATE-ZIP MIAMI FL			13.1 TITLE PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME VARONA, MAGGIE A. 13.3 STREET ADDRESS 3399 N.W. 72 AVE, #208B 13.4 CITY-STATE-ZIP MIAMI FL. 33122		
12.5 TITLE VP <input type="checkbox"/> DELETE 12.6 NAME DOMINGUEZ, MARIAM 12.7 STREET ADDRESS 2390 NW 7TH #203 12.8 CITY-STATE-ZIP MIAMI FL			13.5 TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME DOMINGUEZ, MIRIAM 13.7 STREET ADDRESS 3399 N.W. 72 AVE, #208B 13.8 CITY-STATE-ZIP MIAMI FL. 33122		
12.9 TITLE <input type="checkbox"/> DELETE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-STATE-ZIP			13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP		
12.13 TITLE <input type="checkbox"/> DELETE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-STATE-ZIP			13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-ZIP		
12.17 TITLE <input type="checkbox"/> DELETE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-STATE-ZIP			13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-STATE-ZIP		
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 included 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: 					

CR2E034 (9/96)