

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
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DOCUMENT # S81946 (3)

1. Corporation Name
SOUTH FLORIDA PATIENT CARE, INC.



Principal Place of Business 2390 N.W. 7TH ST. SUITE 208 MIAMI FL 33125 US	Mailing Address 2390 N.W. 7TH ST. SUITE 208 MIAMI FL 33125-3227 US
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3. Date Incorporated or Qualified 09/20/1991	3a. Date of Last Report 04/19/1996
4. FEI Number 65-0289419	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business 21 3399 N.W. 72 AVE.	2a. Mailing Address 26
22 208B	27
23 MIAMI FL.	28
24 33122	29
25	30

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 85 FL Zip Code 33122
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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: *(Signature)* **Maggie A. Varona** DATE: **3/2/97**

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	<input type="checkbox"/> DELETE	1.1 TITLE PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VARONA, MAGGIE A.		1.2 NAME VARONA, MAGGIE A.	
STREET ADDRESS 2390 NW 7TH #203		1.3 STREET ADDRESS 3399 N.W. 72 AVE, #208B	
CITY- ST- ZIP MIAMI FL		1.4 CITY- ST- ZIP MIAMI FL. 33122	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOMINGUEZ, MARIAM		2.2 NAME DOMINGUEZ, MIRIAM	
STREET ADDRESS 2390 NW 7TH #203		2.3 STREET ADDRESS 3399 N.W. 72 AVE, #208B	
CITY- ST- ZIP MIAMI FL		2.4 CITY- ST- ZIP MIAMI FL. 33122	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- 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: *(Signature)* **Maggie A. Varona** DATE: _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)