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Feb 28 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 # S87340

(3)

1. Corporation Name
ALLSTAR CARE, INC.



Principal Place of Business

15291 NW 60TH AVE
SUITE 101
MIAMI LAKES FL 33014
US

Mailing Address

15291 NW 60TH AVE
SUITE 101
MIAMI LAKES FL 33014-2430
US

3. Date Incorporated or Qualified
10/15/1991

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

21 15450 NEW BARN RD

2a. Mailing Address

26 15450 NEW BARN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 301

27 301

City & State

City & State

23 MIAMI LAKES, FL

28 MIAMI LAKES, FL

Zip Country

Zip Country

24 33014

29 33014

30

4. FEI Number

65-0291050

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

10. Name and Address of New Registered Agent

BILBAO, ERKYS M.
7801 WEST 7TH AVENUE
HIALEAH FL 33014

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 607.0502 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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD ☐ DELETE

NAME BILBAO, CASTOR
STREET ADDRESS 15327 NW 60TH AVE STE 210
CITY-ST-ZIP MIAMI LAKES FL

1.1 TITLE ☒ Change ☐ Addition

TITLE VTD ☐ DELETE

NAME BILBAO, ERKYS M
STREET ADDRESS 15327 NW 60TH AVE STE 210
CITY-ST-ZIP MIAMI LAKES FL

1.2 NAME

1.3 STREET ADDRESS 9889 N.W 133 ST.

1.4 CITY-ST-ZIP Hialeah Gardens, FL 33018

TITLE ☐ DELETE

NAME BILBAO, ERKYS M
STREET ADDRESS 15327 NW 60TH AVE STE 210
CITY-ST-ZIP MIAMI LAKES FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 9889 NW 133 St.

2.4 CITY-ST-ZIP Hialeah Gardens, FL 33018

TITLE ☐ DELETE

NAME BILBAO, ERKYS M
STREET ADDRESS 15327 NW 60TH AVE STE 210
CITY-ST-ZIP MIAMI LAKES FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME BILBAO, ERKYS M
STREET ADDRESS 15327 NW 60TH AVE STE 210
CITY-ST-ZIP MIAMI LAKES FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME BILBAO, ERKYS M
STREET ADDRESS 15327 NW 60TH AVE STE 210
CITY-ST-ZIP MIAMI LAKES FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97 (205)
362-9595

CR2E034 (9/96)