

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 29 1996 8:00 am
Secretary of State

DOCUMENT # V14173 (1)

1. Corporation Name
ELITE MEDICAL CARE, INC.



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 5001 SW 74 COURT STE 208 MIAMI FL 33155 US | 5001 SW 74 COURT STE 208 MIAMI FL 33186 US |

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/14/1992 | 3a. Date of Last Report 04/27/1995 |
|--|--|

| | | | | |
|--------------------------------|-------------------------|--|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 65-0318570 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22. City & State | 27. City & State | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23. Zip | 28. Zip | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24. Country | 29. Country | | | |

9. Name and Address of Current Registered Agent

GONZALEZ, LIZETTE T.
14433 S.W. 107TH TERR.
MIAMI FL 33186

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code **FL**

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|-------------------------------|--------------------------|
| TITLE | D | <input type="checkbox"/> |
| NAME | GONZALEZ, LIZETTE T. | |
| STREET ADDRESS | 14433 S.W. 107TH TERR. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|--|--------------------------|--------------------------|
| 1.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 officer 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: *Lizette T. Gonzalez* **LIZETTE T. GONZALEZ/ PRESIDENT** *(305) 268-8935*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone: **(305) 268-8935**

CR2E034 (12/95)