

FILE NOW. FILING FEE AFTER MAIL IS \$220.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:41

DOCUMENT # V15427 (0)
1. Corporation Name
HEALTH CARE MANAGEMENT OF AMERICA, INC.

Principal Place of Business Mailing Address
11200 W. FLAGLER STREET SUITE 213 MIAMI FL 33174 US **P.O. BOX 651612 THIRD FLOOR MIAMI FL 33265-1612 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 26
22 5715 W. 20 Ave. 27 P.O. Box 65-1612
23 Hialeah, FL 28 Miami, FL
24 33012 25 USA 29 33265-1612 30 USA

3. Date Incorporated or Qualified **02/20/1992** 3a. Date of Last Report **06/17/1994**
4. FEI Number **65-03 16454** 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 (32), Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GARCIGA, ILEANA
2260 S.W. 8TH STREET
THIRD FLOOR
MIAMI FL 33135**

10. Name and Address of New Registered Agent
81 Name **Fernando Cordoba**
82 Street Address (P.O. Box Number is Not Acceptable) **5715 W. 20 Ave.**
83
84 City **Hialeah** FL 85 Zip **33012**

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 of present or former registered agent and Director of the Corporation Registered Agent (Signature of present or former agent)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CRUZ, LUIS JR.
STREET ADDRESS	2600 WEST FLAGLER STREET
CITY - ST - ZIP	MIAMI FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME	AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 STREET ADDRESS	CRUZ, LUIS JR. 5715 W. 20 Ave. Hialeah, FL 33012	
1 CITY - ST - ZIP		
2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 STREET ADDRESS		
2 CITY - ST - ZIP		
3 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 STREET ADDRESS		
3 CITY - ST - ZIP		
4 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 STREET ADDRESS		
4 CITY - ST - ZIP		
5 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 STREET ADDRESS		
5 CITY - ST - ZIP		
6 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 STREET ADDRESS		
6 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true, and is equally for the information contained herein as has been filed with the Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct, and that my position shall have the same legal effect as if filed with the corporation, that I am an officer or director of the corporation or the true name or true name of the corporation is as indicated on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an alternate registered agent.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

558 4811