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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V21652

1. Corporation Name

ECACARE HEALTH SERVICES, INC.

Principal Place of Business

8259 NW 66 STREET
MIAMI FL 33166
US

Mailing Address

8259 N.W. 66 STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FERNANDEZ, GLORIA L.
3311 SW 94TH AVENUE
MIAMI FL 33165

3. Date Incorporated or Qualified

03/16/1992

4. FEI Number

65-0495663

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **EDUARDO R. FERNANDEZ**

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

9348 NW 48 DORAL TERR

83

84 City **MIAMI** **FL** 85 Zip Code **33178**

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 date if applicable

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE **PVST** ☒ DELETE1.2 NAME **FERNANDEZ, GLORIA L**1.3 STREET ADDRESS **3311 S.W. 94 AVENUE**1.4 CITY-ST-ZIP **MIAMI FL**2.1 TITLE **D** ☒ DELETE2.2 NAME **FERNANDEZ, GLORIA L.**2.3 STREET ADDRESS **3311 S.W. 94 AVENUE**2.4 CITY-ST-ZIP **MIAMI FL**3.1 TITLE ☐ DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE ☐ DELETE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE ☐ DELETE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

9.1 TITLE ☐ DELETE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

10.1 TITLE ☐ DELETE

10.2 NAME

10.3 STREET ADDRESS

10.4 CITY-ST-ZIP

11.1 TITLE ☐ DELETE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY-ST-ZIP

14. I 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, with a power of attorney.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO R. FERNANDEZ, PRESIDENT

Date

Daytime Phone #

CR2E034 (11/98)