SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -5 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V28772 **(4)**

1. Corporation Name
VIDA CARE, INC.

Principal Place of Business
2100 N.W. 7TH STREET
MIAMI FL 33125

Mailing Address
2100 N.W. 7TH STREET
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1992
3a. Date of Last Report: 10/27/1994
4. FEI Number: 65-0386281 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 8410 W. FLAGLER ST.	26 8410 W. FLAGLER ST.
22 Suite, Apt. #, etc. B214	27 Suite, Apt. #, etc. B214
23 City & State: MIAMI FL	28 City & State: MIAMI FL
24 Zip: 33144 25 Country: USA	29 Zip: 33144 30 Country: USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALVAREZ, ELVIRA 2100 N.W. 7TH STREET MIAMI FL 33125	61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City FL 65 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]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	ALVAREZ, ELVIRA	1 NAME	
STREET ADDRESS	2100 N.W. 7TH STREET	1 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1 CITY-ST-ZIP	
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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] 6/28/95 (305)229-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034000 CP