

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V31218 (3)

1. Corporation Name

PREMIER HEALTH CARE SERVICES, INC.



Principal Place of Business

Mailing Address

20161 NE 16TH PLACE
NORTH MIAMI BEACH FL 33179

20161 NE 16TH PLACE
NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified
04/22/1992

3a. Date of Last Report
06/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 314 N. University Dr
Suite Apt. #, etc.

22 City & State

27 Suite 112
City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUINONES, LUZ
20161 NE 16TH PLACE
NORTH MIAMI BEACH FL 33179

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 type the printed name of registered agent on this application

(If 201: Registered Agent's signature required when re-qualified)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
SNYDER, ROBERT
14875 NE 20 AVENUE, #5
NORTH MIAMI FL 33181

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
CLANCY, LAUREN
14875 NE 20 AVENUE, #5
NORTH MIAMI FL 33181

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change Addition

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or new attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

duky

(3526537715)

CR2E034 (3/96)