

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V34522 (5)
1. Corporation Name
PATIENT CARE, INC.



Principal Place of Business
175 FOUNTAIN BLEAU BLVD
SUITE 1R7
MIAMI FL 33172
US

Mailing Address
175 FOUNTAINBLEAU BLVD
#1R7
MIAMI FL 33172
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/07/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0335652	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				X \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARA, BLANCA
4800 SAN AMARO DR.
CORAL GABLES FL 33146

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, 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 person or persons authorized to register agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

02/10/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE		1.1 TITLE	PD	Change	Addition
NAME	FERNANDEZ, OCARIS			1.2 NAME	FERNANDEZ, OCARIS		
STREET ADDRESS	193 LORALANE PLACE			1.3 STREET ADDRESS	975 NW 120 COURT		
CITY-ST-ZIP	KEY LARGO FL 33037			1.4 CITY-ST-ZIP	MIAMI FL 33172		
TITLE	SD	DELETE		2.1 TITLE	SD	Change	Addition
NAME	FERNANDEZ, SANDRA			2.2 NAME	FERNANDEZ, SANDRA		
STREET ADDRESS	193 LORALANE PLACE			2.3 STREET ADDRESS	975 NW 120 COURT		
CITY-ST-ZIP	KEY LARGO FL 33037			2.4 CITY-ST-ZIP	MIAMI FL 33172		
TITLE		DELETE		3.1 TITLE		Change	Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE		Change	Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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.

SIGNATURE:

02/10/98

60722 x 03 30

CR2E034 (10/97)