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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 09 1997 8:00am Secretary of State

COCUMENT # V3550 , Corporation Name  HEALTH CARE SERVICES OF HIALEA  Principal Place of Business 200 PONCE DE LEON BLVD.  WORAL GABLES FL 33134				Mailing Address 1200 PONCE DE LEON BLVD. CORAL GABLES FL 33134-3323							
								3. Date Incorporated or Qualife 05/12/1992		ate of Last I <b>01/1996</b>	Report
2. Principal P	Principal Place of Business			28. Mailing Address 26 590 West 2011 Stut  Suite. Apt. *, etc. 27				4. FEI Number 65-0593318	······································	P	applied For lot Applicable
Suite, Apt. #, etc.			[26]					5. Certificate of Status Desired	10	\$8.75 A	
2											Required
City & State			28					<ol><li>Election Campaign Financin Trust Fund Contribution</li></ol>	° 🗆		) May Be I to Fees
Z(p	25	Country	29	zig30/0	)	Countr 30	У	<ol> <li>This corporation has liability Florida Statutes</li> </ol>		tax under	s. 199.032,
		nd Address of Cu	irrent Regis	tered Agent			.,	10. Name and Address of Nev	Registered	Agent	
	CERAS, WILI					81	Name	•			
590 W. 20TH STREET HIALEAH FL 33010							2 Street Add	Street Address (P.O. Box Number is Not Acceptable)			
MIAI	LEAN PL 330	IU				85	3			·	
							4 60			146 46	0-4-
					84	City		FL	. 85 Zip	Code	
	am familiar with	, and accept the o	state of Floric obligations of	da Such chang f, Section 607.0	ge was ( 0505, Fi	authorized b orida Statute	by the corpora	rporation submits this statement for t ation's board of directors. I hereby a	ccept the app	oointment a	s registered
agent. La SIGNATURE. 2.		printed name of registere		da Such chang f, Section 607.0 if applicable	ge was a 0505, Fla (NOT	authorized b orida Statute	by the corpora 98. gent signature requ	ation's board of directors. I hereby a ured when reinstating)  ADDITIONS/CHANGES TO O	ccept the app	pointment a	s registered
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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; if 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.

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