FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 5:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V42871** **(6)**

1. Corporation Name
RELATED HEALTH CARE, INC.

Principal Place of Business	Mailing Address
5200 S.W. 8TH ST. SUITE 201-B CORAL GABLES FL 33134	5200 S.W. 8TH ST. SUITE 201-B CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1992
3a. Date of Last Report: 10/24/1994
4. FEI Number: 65-0479835 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has ... Florida Statutes. [ ] Yes [✓] No

2. Principal Place of Business	2a. Mailing Address
21 3900 W. Flagler St.	26 3900 W. Flagler St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, Fl.	28 City & State: Miami, Fl.
24 Zip: 33134 25 Country: USA	29 Zip: 33134 30 Country: USA

9. Name and Address of Current Registered Agent

NOREGA, MARIA V.
5200 S.W. 8TH ST.
SUITE 201-B
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 3900 W. Flagler St.
83
84 City: Miami, FL 85 Zip: 33134

11. Pursuant to the provisions of Section ... 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 ... Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PVST	TITLE	[ ] Change [ ] Addition
NAME	NORIEGA, MARIA V.	NAME	
STREET ADDRESS	5200 S.W. 8TH ST.	STREET ADDRESS	3900 W. Flagler St.
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	Miami, Fl. 33134
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Maria V. Noriega 4/30/95 305-441-8020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARIA V. NORIEGA

0139100 CP