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 APR 27 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V68025** **(8)**

1. Corporation Name

UNITED FAMILY CARE, CORP.

Principal Place of Business	Mailing Address
801 W. 49 ST #204 HIALEAH FL 33016 US	1600 S.W. 1ST STREET 312 MIAMI FL 33135 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1992
3a. Date of Last Report: 05/19/1994

2. Principal Place of Business
21: 7216 S.W. 8 STREET
Suite, Apt. #, etc. 22: # 2
City & State 23: Miami, Florida
Zip 24: 33144 Country 25: U.S.A.

2a. Mailing Address
26: 7216 S.W. 8 Street
Suite, Apt. #, etc. 27: # 2
City & State 28: Miami, Florida
Zip 29: 33144 Country 30: U.S.A.

4. FEI Number: 65-0359232 ☐ 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 liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DIAZ, JESUS
2300 W FLAGLER ST
MIAMI FL 33135

10. Name and Address of New Registered Agent

91 Name: BARBARA DIAZ
92 Street Address (P.O. Box Number is Not Acceptable): 7216 S.W. 8ST SUITE 2
93:
94 City: MIAMI FL 95 Zip Code: 33144

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: Jesus Diaz
Signature of typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	DIAZ, JESUS	12 NAME	
STREET ADDRESS	7216 SW 8 ST., SUITE 2	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	DIAZ, BARBARA	22 NAME	
STREET ADDRESS	7216 SW 8 ST., SUITE 2	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	BOFILL, PEDRO	32 NAME	
STREET ADDRESS	7216 SW 8 ST., SUITE 2	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: X Jesus Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

0142665 CP