FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Mar 20 1996 8:00 am
Secretary of State

DOCUMENT # V68025

1. Corporation Name
UNITED FAMILY CARE, CORP

Principal Place of Business
7216 S.W. 8 ST
SUITE 2
MIAMI FL 33144

Mailing Address
1800 S.W. 1ST
SUITE 312
MIAMI, FL 33135

2. Principal Place of Business	2a. Mailing Address
21 7216 S.W. 8ST	26 1800 S.W. 1ST
Suite, Apt. #, etc. 22 SUITE 2	Suite, Apt. #, etc. 27 312
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33144 Country 25 DADE	Zip 29 33135 Country 30 DADE

3. Date Incorporated or Qualified: 10/01/92
3a. Date of Last Report: 05/19/94
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
BARBARA DIAZ
7216 S.W. 8ST
SUITE 2
MIAMI FL 33144

10. Name and Address of New Registered Agent
81 Name: BARBARA DIAZ
82 Street Address (P.O. Box Number is Not Acceptable): 7216 S.W. 8ST SUITE 2
83
84 City: MIAMI FL 85 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 X B J Diaz (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE		☑ DELETE
NAME	BARBARA DIAZ	
STREET ADDRESS	7216 S.W. 8ST SUITE 2	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V, S, T.	☐ Change ☑ Addition
1.2 NAME	DIAZ, BARBARA	
1.3 STREET ADDRESS	7216 S.W. 8ST SUITE 2	
1.4 CITY-ST-ZIP	MIAMI FL 33144	
2.1 TITLE	P	☐ Change ☑ Addition
2.2 NAME	DIAZ, JESUS	
2.3 STREET ADDRESS	7216 S.W. 8ST SUITE 2	
2.4 CITY-ST-ZIP	MIAMI FL 33144	
3.1 TITLE	D	☐ Change ☑ Addition
3.2 NAME	Betty R. Bofill	
3.3 STREET ADDRESS	7216 S.W. 8ST SUITE 2	
3.4 CITY-ST-ZIP	MIAMI, FL 33144	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

500001751845
-03/21/96--01010--011
***200.00

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 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 B J Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title: SG Date: 3-20-96

CR2E034 (12/95)