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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V72461

(9)

FIL	ED
Jan 26 199	98 8:00am
Secretary	y of State

Principal Place of Business	BARON	HEALTH CARE, INC.	, ,								
Principal Race of Business   Making Address   1700 8 97Th AVENUE   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   2712   271								: 10 021 011011 10 010 11011 01110 01101			
INDICATE   1700 SW STH AVENUE   1700 SW STH AVENUE   272   2			<u></u>								
MAME FL 31155	Principal Place	e of Business	Mailing Address								
### FL 33155    MAME FL 33155   MAME FL 33155   Substance   Substa	11 THE TAX THE										
2. Principal Place of Business 2. As his imp Address 4. FE Namber 5. As his imp Address 5. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 5. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 5. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 5. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 5. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 5. Sulfe, Apt. #, etc. 6. Certificate of Status Desired 6. Certificate of Status Desired 6. Certificate of Status Desired 6. Certificate 5. Certif	***						DO NOT WRITE IN THIS SPACE				
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Suite, Apt. #, etc.    27	2. Principal Pi	lace of Business	2a. Mailing Address							<del></del>	
City & State 27	21							65-0366332			
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City	<del></del>	#, etc.	— · · ·					5. Certificate of Status Desired			
20	22 City & State	<u> </u>						O Florida Constitut Financia			<u> </u>
20   20   20   20   20   20   30   Personal Property lace due June 30.   Ves   No.		9	<b>├</b> ─┐								
BARON, RIZALINA O 1700 SW 57TH AVENUE  #212  MIAMI FL 33155  11. Pursuant to the provisions of Sections 607 (500) and 607, 1508, Florida Statutus the above-named corporation submits this statement for the purpose of changing is registered agent. I em femiliar with, and accept the obligations of, Section 607, 1508, Florida Statutus the above-named corporation submits this statement for the purpose of changing is registered agent. I em femiliar with, and accept the obligations of, Section 607, 0506, Florida Statutus the above-named corporation submits this statement for the purpose of changing is registered agent. I em femiliar with, and accept the obligations of, Section 607, 0506, Florida Statutus the above-named corporation submits this statement for the purpose of changing is registered agent. I em femiliar with, and accept the obligations of, Section 607, 0506, Florida Statutus.  SIGNATURE  Signatura Injurial as unusual runs of registered Agent.  DELETE 11 Title		Country		Cou	intry				aid the cur		
BARON, RIZALINA 0	<u> </u>	<b>⊢</b>	<del>                                     </del>	├ <del></del> -	·				_		
BARON, RIZALINA U  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the billipations of, Section 67.005, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the billipations of, Section 67.005, Florida Statutos, and an artificial statutos.  SIGNATURE  Significan familiar with, and accept the objection of 07.005, Florida Statutos and the face of the objection of 07.005, Florida Statutos.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE  A STREET ADDRESS  DIVY-ST-2P  MIAMI FL 33155  14 DIV-ST-2P  MIAMI FL 33155  DELETE  1 ITILE  A STREET ADDRESS  OTY-ST-2P  MIAMI FL 33155  DELETE  3 STREET ADDRESS  OTY-ST-2P  MIAMI FL 33155  DELETE  4 TITLE  O Change Addition  NAME  STREET ADDRESS  OTY-ST-2P  MIAMI FL 33155  DELETE  4 TITLE  O CHANGE  3 STREET ADDRESS  OTY-ST-2P  MIAMI FL 33155  DELETE  4 STREET ADDRESS  OTY-ST-2P  MIAMI FL 33155  DELETE  4 TITLE  O CHANGE  3 STREET ADDRESS  OTY-ST-2P  MIAMI FL 33155  DELETE  4 TITLE  O CHANGE  3 STREET ADDRESS  OTY-ST-2P  MIAMI FL 33155  DELETE  4 TITLE  O CHANGE  3 STREET ADDRESS  OTY-ST-2P  MIAMI FL 33155  DELETE  4 TITLE  O CHANGE  3 STREET ADDRESS  OTY-ST-2P  MIAMI FL 33155  DELETE  4 TITLE  O CHANGE  5 STREET ADDRESS  OTY-ST-2P  MIAMI FL 33155  DELETE								0. Name and Address of New R	egistered /	Agent	
1700 SW 57TH AVENUE	BAI	RON, RIZALINA O			81	Name					
#212 MIAMI FL 33155  #8 3  #6 City FL 85 Zip Code  T1. Pursuant to the provisions of Socions 607 0502 and 607 1506, Florids Statutes the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered diffice or registered agont, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered diffice or registered agont, or both, in the State of Florids. Statutes required with a directors. I hereby accept the appointment as registered segment and the major and the required with received with rec					82	Street A	Address	(P.O. Box Number is Not Accepta	ble)		
MAMI FL 33155    83							71001000	(i.o. box rombo rombo			
### City ###					83						
11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Floridal Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horidal. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and tender with, and accept the obligations of, Section 607.0505, Floridal Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS					84	City				R5 Zip	Code
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of director's. Thereby accept the appointment as registered agent and the obligations of, Soction 607.0505, Floridas Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  BARON, RIZALINA O  12. NAME  BARON, RIZALINA O  12. NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33155  14. CITY-ST-ZIP  MIAMI FL 33155  1700 SW 57TH AVENUE, #212  23. SINEET ADDRESS  CITY-ST-ZIP  MIAMI FL 33155  24. CITY-ST-ZIP  MIAMI FL 33155  25. CITY-ST-ZIP  MIAMI FL 33155  26. CITY-ST-ZIP  MIAMI FL 33155  27. CITY-ST-ZIP  MIAMI FL 33155  28. CITY-ST-ZIP  MIAMI FL 33155  29. CITY-ST-ZIP  MIAMI FL 33155						,					
Signature   Sign	11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the al	bove d hu	named of	corpora	tion submits this statement for the s board of directors. I hereby acce	purpose of	changing it ointment as	is registered
12	agent. I a	m familiar with, and accept the oblig	pations of, Section 607.0505, F	lorida Stat	lutes	В.	portation	a board of directors. Thereby heec	praio app	onkinon do	- Carotaraa
12.	SIGNATURE										
THE					d Age	ert signature i	e required w			DIBECTOR	20 141 12
MAME   BARON, RIZALINA O   12 MAME     13 SIRECT ADDRESS     1700 SW 57TH AVENUE, #212   13 SIRECT ADDRESS     14 CITY-ST-ZIP		UFFICERS AN		_	TI F	···		ADDITIONS/CHANGES TO OFF	CENS AND		
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14. Thereby 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 are considered as a first an analysis of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information are considered as a first as	14.   hereby c	certify that the information supplied v	with this filing does not qualify	for the exe	empl	tion state	ed in Se	otion 119.07(3)(i), Florida Statutes.	I further ce	rtify that the	information

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.

n'alian D Book

ROBULA

1-15-98 (205) 267973