

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 16, 1999 8:00 am
Secretary of State

07-16-1999 90011 045 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000002324 ✓

1. Corporation Name
ALICARE, INC.



Principal Place of Business 730 BROADWAY NEW YORK NY 10003	Mailing Address 730 BROADWAY NEW YORK NY 10003
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/23/1998	
21		26		4. FEI Number 13-3432219	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE <input type="checkbox"/>
NAME	KOVEN, RICHARD	
STREET ADDRESS	730 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10003	
TITLE	V	DELETE <input type="checkbox"/>
NAME	KUREK, ARTHUR	
STREET ADDRESS	730 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10003	
TITLE	V	DELETE <input type="checkbox"/>
NAME	GILMAN, DEANNA L	
STREET ADDRESS	730 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10003	
TITLE	V	DELETE <input type="checkbox"/>
NAME	CHAKRABORTY, NINA	
STREET ADDRESS	730 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10003	
TITLE	S	DELETE <input type="checkbox"/>
NAME	SCHWARTZ, MARK	
STREET ADDRESS	730 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10003	
TITLE	V	DELETE <input type="checkbox"/>
NAME	DRAKE, LORRAINE	
STREET ADDRESS	730 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10003	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Assistant Vice President	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	Lee-Yoo, Miriann	
1.3 STREET ADDRESS	730 Broadway	
1.4 CITY-ST-ZIP	New York, NY 10003	
2.1 TITLE	Assistant Vice President	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	Thompson, Michael J.	
2.3 STREET ADDRESS	730 Broadway	
2.4 CITY-ST-ZIP	New York, NY	
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *[Signature]* 7/7/99 (212) 539-5217

CR2E034 (5/99)