08-08-2000 90018 021 ***550.00

Aug 08, 2000 8:00 am Secretary of State

2000 UNIFORM BUSINESS REPORT (UBR)	FILED
OCUMENT # F9800002324	FILED

1. Entity Name ALICARE, INC. Mailing Address Principal Place of Business 730 BROADWAY 730 BROADWAY NEW YORK NY 10003 NEW YORK NY 10003 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 13-3432219 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7.- Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE : DATE Signature, typed or printed name of registered agent and title if applicable. . . ' (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Assistant Vice President ☐ Change TITI F Delete TITLE KOVEN, RICHARD Lee-Yoo, Miriann NAME NAME 730 BROADWAY STREET ADDRESS 730 Broadway STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10003 New York, NY 10003 ☐ Change Addition ☐ Defete TITLE Assistant Vice President TITL F KUREK, ARTHUR NAME NAME Thompson, Michael J. 730 BROADWAY STREET ADDRESS STREET ADDRESS 730 Broadway **NEW YORK NY 10003** CITY-ST-ZIP CITY-ST-ZIP New York, NY 10003 -Defete TITLE TITLE GILMAN, DEANNA L NAME NAMÉ

730 BROADWAY STREET ADDRESS STREET ADDRESS **NEW YORK NY 10003** CITY-ST-ZiP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE CHAKRABORTY, NINA NAME NAME 730 BROADWAY STREET ADDRESS STREET ADDRESS **NEW YORK NY 10003** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TIT! F TITLE SCHWARTZ, MARK NAME NAME 730 BROADWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10003** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE DRAKE, LORRAINE NAME 730 BROADWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10003** CITY-ST-ZIP

13. 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 report or supplemental report is true and apparate 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR

7/26/00

212-539-5217