

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

0108340 AT

08-21-2001 90016 001 \*\*\*550.00  
 08-21-2001 90016 002 \*\*\*\*\*8.75

**DOCUMENT # F98000002324**

1. Entity Name  
**ALICARE, INC.**

Principal Place of Business | Mailing Address

**730 BROADWAY** | **730 BROADWAY**  
**NEW YORK NY 10003** | **NEW YORK NY 10003**

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

4. FEI Number **13-3432219** | Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MINIKES, RONALD</b> <b>730 BROADWAY</b> <b>NEW YORK, NY 10003</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: DEANNA LANG GILMAN** *Deanna Lang Gilman* **8/13/01** **212-539-5217**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment D # F980000002324

 Alicare *An Affiliate of Amalgamated Life*

Alicare, Inc.

730 Broadway  
New York, NY 10003-9511  
212-539-5000  
fax: 212-473-2913

August 16, 2001

Uniform Business Reports  
Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: 2001 Uniform Business Report and Certificate of Status for FEI #13-3432219

To Whom It May Concern:

Enclosed please find the 2001 Uniform Business Report and the request for a Certificate of Status as well as two checks made payable to the Florida Department of State in the amount of \$550 and \$8.75.

Please note that based on a review of our records, Alicare did not receive the initial notice from the Florida Department of State relating to the filing of the 2001 Uniform Business Report.

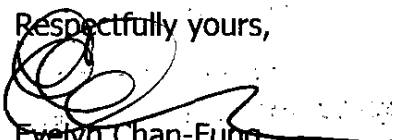
We kindly request that all future Uniform Business Reports be sent to:

Alicare, Inc.  
Attn: Legal Department  
730 Broadway  
New York, New York 10003

We apologize for the delay in filing and respectfully request that Alicare not be assessed the \$400 late filing fee.

Thank you for your cooperation in this matter. If there are any questions, please call me at (212) 539 - 5289.

Respectfully yours,

  
Evelyn Chan-Fung  
Service Executive