

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90164 001 ***150.00
04-08-2002 90164 002 *****8.75

DOCUMENT # F98000002324
1. Entity Name
ALICARE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 730 BROADWAY Suite, Apt. #, etc. C/O LEGAL DEPARTMENT City & State NEW YORK, NEW YORK Zip 10003 Country USA		3. Mailing Address 730 BROADWAY Suite, Apt. #, etc. C/O LEGAL DEPARTMENT City & State NEW YORK, NEW YORK Zip 10003 Country USA	
---	--	---	--

DO NOT WRITE IN THIS SPACE

4. FEI Number #13-3432221	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent -

Name
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City **PLANTATION** **FL** Zip Code **33324**

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.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	---	------------------------------------

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*** PLEASE SEE ATTACHED LIST ***	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **DEANNA LANG** *Deanna Lang Selman* **MARCH 20, 2002** **212:539:5217**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

ATTACH DOC# F98000002324



Alicare, Inc.

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

List of Officers for Alicare, Inc FEIN #13-3432221

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Ronald L. Minikes	Director	730 Broadway New York, NY 10003
Richard C. Koven	President	730 Broadway New York, NY 10003
Deanna Lang Gilman	Executive Vice President	730 Broadway New York, NY 10003
Arthur M. Kurek	Executive Vice President	730 Broadway New York, NY 10003
Lorraine A. Drake	Vice President	730 Broadway New York, NY 10003
Nina Chakraborty	Vice President	730 Broadway New York, NY 10003
Ira Schwartz	Vice President	730 Broadway New York, NY 10003
John H. Blasch	Assistant Vice President	730 Broadway New York, NY 10003
Mark Schwartz	Secretary	730 Broadway New York, NY 10003