2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004 8:00 am
Secretary of State
07-27-2004 90035 040 ***550.00

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1. Entity Name
ALICARE, INC.

54064911

Principal Place of Business	Mailing Address
730 BROADWAY C/O LEGAL DEPARTMENT NEW YORK, NY 10003	730 BROADWAY C/O LEGAL DEPARTMENT NEW YORK, NY 10003

07092004 Chg-P CR2E034 (10/03)

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

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. I am familiar with, and accept the obligations of registered agent.

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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINIKES, RONALD L 730 BROADWAY NEW YORK, NY 10003	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D MINIKES, RONALD L. 730 BROADWAY NEW YORK, NY 10003	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MALONE, ROBERT 730 BROADWAY NEW YORK, NY 10003	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V IRA SCHWARTZ 730 BROADWAY NEW YORK, NY 10003	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP STILE-MAZZEO, CHRISTINE 730 BROADWAY NEW YORK, NY 10003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARK SCHWARTZ 730 BROADWAY NEW YORK, NY 10003	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP KUREK, ARTHUR M 730 BROADWAY NEW YORK, NY 10003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DRAKE, LORRAINE 730 BROADWAY NEW YORK, NY 10003	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHAKRABORTY, NINA 730 BROADWAY NEW YORK, NY 10003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christine Stile Mazzeo 212/539-5442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHRISTINE STILE-MAZZEO