


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

05-30-2006 90036 025 \*\*\*150.00

**DOCUMENT # F98000002324**

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



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**

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**

05182006      Chg-P      CR2E034 (11/05)



**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 \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINIKES, RONALD L 730 BROADWAY NEW YORK, NY 10003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWARTZ, IRA 730 BROADWAY NEW YORK, NY 10003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP STILE-MAZZEO, CHRISTINE 730 BROADWAY NEW YORK, NY 10003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP KUREK, ARTHUR M 730 BROADWAY NEW YORK, NY 10003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWARTZ, MARK 730 BROADWAY NEW YORK, NY 10003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAKRABORTY, NINA 730 BROADWAY NEW YORK, NY 10003	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HIRSCH, MICHAEL 730 BROADWAY NEW YORK, NY 10003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELANEY, THOMAS D. 730 BROADWAY NEW YORK, NY 10003	<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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas D. Delaney      **THOMAS D. DELANEY**      5/29/06 212-539-5481  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #