

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90167 043 ***550.00

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AT

DOCUMENT # F98000002324



1. Entity Name
ALICARE, INC.

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

Mailing Address
730 BROADWAY
C/O LEGAL DEPARTMENT
NEW YORK NY 10003



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-3432219

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	D	<input type="checkbox"/> Delete
NAME	MINIKES, RONALD L	
STREET ADDRESS	730 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10003	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KOVEN, RICHARD C	
STREET ADDRESS	730 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10003	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	GILMAN, DEANNA LANG	
STREET ADDRESS	730 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10003	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	KUREK, ARTHUR M	
STREET ADDRESS	730 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10003	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DRAKE, LORRAINE	
STREET ADDRESS	730 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10003	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHAKRABORTY, NINA	
STREET ADDRESS	730 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10003	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Malone	
STREET ADDRESS	730 Broadway	
CITY-ST-ZIP	New York NY 10003	
TITLE	AVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christine Stile - Mazzeo	
STREET ADDRESS	730 Broadway	
CITY-ST-ZIP	New York NY 10003	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/03 212.539.5442
Date Daytime Phone #

CR2E034 (10/02)