FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28 1996 8:00 am
Secretary of State

DOCUMENT # K89533

1. Corporation Name

Special Care Home Health of the Palm Beaches

Principal Place of Business	Mailing Address
173 West Atlantic Ave. Bld. B - Suite 20 Delray Beach, FL 33445	173 West Atlantic Ave. Bld. B - Suite 20 Delray Beach, FL 33445

3. Date Incorporated or Qualified: 5/19/89
3a. Date of Last Report: 5/1/95

2. Principal Place of Business	2a. Mailing Address
1 173 West Atlantic Ave.	26 173 West Atlantic Ave.
Suite, Apt. #, etc. 2 Bld. B Suite 20	Suite, Apt. #, etc. 27 Bld. B Suite 20
City & State 3 Delray Beach, FL	City & State 28 Delray Beach, FL
Zip: 4 33445 Country: 25 Palm Beach	Zip: 29 33445 Country: 30 Palm Beach

4. FEI Number: 65-0594976 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Renee Zonenshine
82 Street Address (P.O. Box Number is Not Acceptable): 6426 Royal Manor Cir.
83
84 City: Delray Beach FL 85 Zip Code: 33484

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Renee Zonenshine 4/24/96
Signature, typed or printed name of registered agent and date of acceptance — NOTE: Registered Agent's signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Gerald Brauser 4200 N.W. 16th Street Lauderhill, FL 33313 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P, T, S Renee Zonenshine 6426 Royal Manor Cir. Delray Bch., FL 33484 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	[illegible]	☐ Change ☐ Addition

400001798474
-04/29/96--01042--008
***200.00

4.28

14. I DO hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 12 or Block 13 with an asterisk (*).

SIGNATURE: Renee Zonenshine VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR