

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000067815 (9)

1. Corporation Name

MEDERN PRIVATE CARE OF BROWARD COUNTY, INC.

Principal Place of Business

Mailing Address

% KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE SUITE 700
MIAMI FL 33131

% KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE SUITE 700
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/28/1993** 3a. Date of Last Report **04/13/1994**

4. FEI Number **65-0439004** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE
SUITE 700
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title (if applicable)

NOTE: Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST HARLEY SYKES, P.O. BOX 144007 N/A CORAL GABLES FL 33114	1.1 TITLE	ED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sandra Vazquez
NAME		1.2 NAME	2401 Douglas Road
STREET ADDRESS		1.3 STREET ADDRESS	Miami, FL 33145
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	D DAVID NESSLEIN, P.O. BOX 144007 N/A CORAL GABLES FL 33114	2.1 TITLE	VP ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David A. Nesslein
NAME		2.2 NAME	2401 Douglas Road
STREET ADDRESS		2.3 STREET ADDRESS	Miami, FL 33145
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	D SANDRA VAZQUEZ, P.O. BOX 144007 N/A CORAL GABLES FL 33114	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

David A. Nesslein, V.P. 3/14/95 (305)447-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number