

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000067815 (9)**

1. Corporation Name

**MEDERI PRIVATE CARE OF BROWARD COUNTY, INC.**



Principal Place of Business: % **KTG&S REGISTERED AGENT CORPORATION**  
1401 BRICKELL AVE SUITE 700 MIAMI FL 33131

Mailing Address: % **KTG&S REGISTERED AGENT CORPORATION**  
1401 BRICKELL AVE SUITE 700 MIAMI FL 33131

3. Date Incorporated or Qualified: **09/28/1993**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21 **100 SE 2nd St**  
Suite, Apt. #, etc.: 22 **28 Floor**  
City & State: 23 **Miami, FL**  
Zip: 24 **33131** Country: 25 **US**

2a. Mailing Address: 26 **100 SE 2nd St**  
Suite, Apt. #, etc.: 27 **28 Floor**  
City & State: 28 **Miami, FL**  
Zip: 29 **33131** Country: 30 **US**

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 or intangible tax under s. 199.032, Florida Statutes:  Yes  No

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: **KTG&S Registered Agent Corp.**  
82 Street Address (P.O. Box Number is Not Acceptable): **100 SE 2nd St.**  
83 **28 Floor**  
84 City: **Miami** FL 85 Zip Code: **33131**

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]* DATE: **3/25/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>PO HARLEY SYKES</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARLEY SYKES</b>	
STREET ADDRESS	<b>2401 DOUGLAS RD</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>D/SIT DAVID NESSLEIN</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVID NESSLEIN</b>	
STREET ADDRESS	<b>2401 DOUGLAS RD</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>D/PO SANDRA VAZQUEZ</b>	<input type="checkbox"/> DELETE
NAME	<b>SANDRA VAZQUEZ</b>	
STREET ADDRESS	<b>P.O. BOX 144007 N/A</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33114</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**400001796844**  
**-04/26/96--01094--015**  
**\*\*\*200.00**

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/25/96** TIME: **(305) 447-8350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **David Nesslein Secretary**

CR2E034 (12/95)