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FILED

Feb 05 1999 8:00 am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000063885

1. Corporation Name

ELIXER HEALTHCARE ASSOCIATES, INC.

Principal Place of Business

9306 CHELSEA DRIVE NORTH  
PLANTATION, FL 33324

Mailing Address

9306 CHELSEA DRIVE NORTH  
PLANTATION, FL 33324

REINSTATEMENT

98-99

3. Date Incorporated or Qualified

7/23/1997

2. Principal Place of Business

21 9715 N.W. 18TH STREET

2a. Mailing Address

26 9715 N.W. 18TH STREET

4. F.I.I. Number

65-0769759

Applied For  
Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23 CORAL SPRINGS, FL

City & State

28 CORAL SPRINGS, FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

24 33071

Zip

Country

29 33071

8. This corporation owes the current year Intangible  
Personal Property Tax

[ ] Yes [ ] No

9. Name and Address of Current Registered Agent

LERNER, EDWARD W M  
9306 CHELSEA DRIVE NORTH  
PLANTATION, FL 33324

10. Name and Address of New Registered Agent

81 Name FRANK, SANDRA  
82 Street Address (P.O. Box Number is Not Acceptable)  
9715 N.W. 18TH STREET  
83  
84 City CORAL SPRINGS FL 85 Zip Code 33071

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 607.0145, Florida Statutes.

SIGNATURE

*Sandra Frank*

12.

OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LERNER, EDWARD M	
STREET ADDRESS	9306 CHELSEA DRIVE NORTH	
CITY-ST-ZIP	PLANTATION, FL 33324	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FRANK, SANDRA	
STREET ADDRESS	9715 N.W. 18TH STREET	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

500002793435-0  
-03/03/99-01067-010  
\*\*\*\*300.00 (\*\*\*\*300.00)

3-2-99  
Change Add

14. I hereby certify that the information supplied with this filing does not qualify for the exemption in Section 119.02(5)(b), 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 by a duly sworn 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE:

*Sandra Frank*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-796-7235

CR2E034 (11/98)