

**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

DOCUMENT # 569883 (2)  
1. Corporation Name  
**FLORIDA HEALTH CARE MANAGEMENT CORP.**



Principal Place of Business: 2500 HALLANDALE BEACH BLVD SUITE 803 HALLANDALE FL 33009  
Mailing Address: 2500 HALLANDALE BEACH BLVD SUITE 803 HALLANDALE FL 33009

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 05/16/1978  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-1821231  
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  
NEUWAHL, MALCOLM H.  
1500 SAN BENO AVE., #200  
SUITE 808  
CORAL GABLES FL 33009

10. Name and Address of New Registered Agent  
81 Name: C. POLLACK  
82 Street Address (P.O. Box Number is Not Acceptable): 1980 S. COEAN DR # 120  
83 HALLANDALE, FL.  
84 City: HALLANDALE, FL.  
85 Zip Code: 33009

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: *C. Pollack*, C. POLLACK - VP. DATE: 4/16/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LERNER, SAUL	
STREET ADDRESS	3650 N. 36TH AVE. #62	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	POLLACK, CHARLES	
STREET ADDRESS	1980 S COEAN DR #120	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POLLACK, CHARLES	
STREET ADDRESS	1980 S COEAN DR #120	
CITY - ST - ZIP	HALLANDALE FL 33009	
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

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GEORGE POLLACK	
1.3 STREET ADDRESS	10102 N.W. 130 <sup>th</sup>	
1.4 CITY - ST - ZIP	PLANTATION, FL 33322	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, on an attachment with an address.  
SIGNATURE: *T. Dumas* / CFO DATE: 4-17-96 TELEPHONE: 954-457-8019

CR2E034 (12/95)