

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

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified  
05/16/1978

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-1821231

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

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 #12Q  
83 HALLANDALE, FL.  
84 City 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 - VP.

4/16/96

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	LERNER, SAUL	STREET ADDRESS	3650 N. 36TH AVE. #62	CITY - ST - ZIP	HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> DELETE
TITLE	VST	NAME	POLLACK, CHARLES	STREET ADDRESS	1980 S COEAN DR #12Q	CITY - ST - ZIP	HALLANDALE FL 33009	<input type="checkbox"/> DELETE
TITLE	D	NAME	POLLACK, CHARLES	STREET ADDRESS	1980 S COEAN DR #12Q	CITY - ST - ZIP	HALLANDALE FL 33009	<input checked="" type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> DELETE

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. 13TH	
1.4 CITY - ST - ZIP	PLANTATION, FL 33322	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. DUMY, CFO

4-18-96

954-457-8019

CR2E034 (12/95)