

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33009-4841

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

04/24/1996

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

C. POLLACK
1980 S. OCEAN DRIVE #120
SUITE 608
HALLANDALE FL 33009

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 of officer or director of corporation or registered agent, if applicable)

(NOTE - Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

12.1	12.2	12.3	12.4	12.5	12.6	12.7	12.8	12.9	12.10	12.11	12.12	12.13	12.14	12.15	12.16	12.17	12.18	12.19	12.20	12.21	12.22	12.23	12.24	12.25	12.26	12.27	12.28	12.29	12.30
TITLE	P																												
NAME	POLLACK, GEORGE																												
STREET ADDRESS	10102 N.W. 13TH CT.																												
CITY - ST - ZIP	PLANTATION FL																												
TITLE	VST																												
NAME	POLLACK, CHARLES																												
STREET ADDRESS	1980 S OCEAN DR #120																												
CITY - ST - ZIP	HALLANDALE FL 33009																												
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	13.2	13.3	13.4	13.5	13.6	13.7	13.8	13.9	13.10	13.11	13.12	13.13	13.14	13.15	13.16	13.17	13.18	13.19	13.20	13.21	13.22	13.23	13.24	13.25	13.26	13.27	13.28	13.29	13.30
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1.2 NAME																													
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6.3 STREET ADDRESS																													
6.4 CITY - ST - ZIP																													

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97 954-457-8018

0113546

CR2E034 (9/96)