

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 769664 (4)

1. Corporation Name  
**MODERN HEALTH CARE RESOURCES, INC.**



Principal Place of Business: 201 SOUTH BISCAYNE BOULEVARD SUITE 2950 MIAMI FL 33131 US  
Mailing Address: 201 SOUTH BISCAYNE BOULEVARD SUITE 2950 MIAMI FL 33131 US

3. Date Incorporated or Qualified: 08/02/1983  
3a. Date of Last Report: 05/16/1995

2. Principal Place of Business: 21 2845 Aventura Blvd. 22 Suite 120 23 Aventura, FL 24 33180 25 U.S.A.  
2a. Mailing Address: 26 2845 Aventura Blvd. 27 Suite 120 28 Aventura, FL 29 33180 30 U.S.A.

4. FEI Number: 59-2436595  
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: GOLDSTEIN, SHARON B. 201 SOUTH BISCAYNE BOULEVARD SUITE 2950 MIAMI FL 33131  
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 2845 Aventura Blvd. 83 Suite 120 84 City: Aventura FL 85 Zip Code: 33180

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWN, HOWARD M.	1.2 NAME	
STREET ADDRESS	9801 COLLINS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRISCOE, PRISCILLA N.	2.2 NAME	
STREET ADDRESS	225 LINCOLN PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGENER, DAVID L.	3.2 NAME	D Anthony J. Parkinson
STREET ADDRESS	1917 N.E. 199TH ROAD	3.3 STREET ADDRESS	1115 S.E. 6th Street
CITY-ST-ZIP	NORTH MIAMI FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSCH, S. HARRY	4.2 NAME	D John D. Gullman
STREET ADDRESS	9701 COLLINS AVE.	4.3 STREET ADDRESS	4911 N.W. 84th Avenue
CITY-ST-ZIP	BAL HARBOUR FL	4.4 CITY-ST-ZIP	Lauderhill, FL, 33351
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPPAPORT, CONSTANCE L.	5.2 NAME	
STREET ADDRESS	3622 STANFORD CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH FL	5.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARRETT, LOYD M.	6.2 NAME	
STREET ADDRESS	23 GRANITE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKPORT MA	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 5/3/96 DAYTIME PHONE #: 305-933-0600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Howard M. Lawn

CR2E037 (12/95)