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May 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

2845 AVENTURA BLVD.
SUITE 120
AVENTURA FL 33180
US

2845 AVENTURA BLVD.
SUITE 120
AVENTURA FL 33180-3111
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified
08/02/1983

3a. Date of Last Report
05/20/1996

4. FEI Number

59-2436595

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

10. Name and Address of New Registered Agent

GOLDSTEIN, SHARON B.
2845 AVENTURA BLVD.
SUITE 120
AVENTURA FL 33180

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 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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME LAWN, HOWARD M.
STREET ADDRESS 9801 COLLINS AVENUE
CITY-ST-ZIP BAL HARBOUR FL

TITLE D ☒ DELETE
NAME BRISCOE, PRISCILLA N.
STREET ADDRESS 225 LINCOLN PLACE
CITY-ST-ZIP BROOKLYN NY

TITLE D ☐ DELETE
NAME PARKINSON, ANTHONY J
STREET ADDRESS 1115 S.E. 6TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ DELETE
NAME GULLMAN, JOHN D
STREET ADDRESS 4911 N.W. 84TH AVENUE
CITY-ST-ZIP LAUDERHILL FL

TITLE D ☒ DELETE
NAME RAPPAPORT, CONSTANCE L.
STREET ADDRESS 3622 STANFORD CIRCLE
CITY-ST-ZIP FALLS CHURCH FL

TITLE VS ☐ DELETE
NAME STARRETT, LOYD M.
STREET ADDRESS 23 GRANITE STREET
CITY-ST-ZIP ROCKPORT MA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TREASURER
SHARON B. GOLDSTEIN
1201 SW 103RD AVE
PEMBROKE PINES, FL 33025

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 617, 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

4/30/97

Date

305/466-0300

Daytime Phone # 0033451

CR2E037 (9/96)