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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US**

3. Date Incorporated or Qualified

08/02/1983

4. FEI Number

59-2436595

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2100 E. Hallandale Bch Blvd

26 2100 E. Hallandale Bch Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste # 101

27 Ste # 101

City & State

City & State

23 Hallandale, FL

28 Hallandale, FL

Zip

Zip

24 33009

29 33009

Country

Country

25 USA

30 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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)

2100 E. Hallandale Bch Blvd

83 **Ste # 101**

84 City

Hallandale

FL

85 Zip Code

33009

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 ☐ DELETE

**NAME
LAWN, HOWARD M.
STREET ADDRESS
9801 COLLINS AVENUE
CITY-ST-ZIP
BAL HARBOUR FL**

TITLE ☐ DELETE

**NAME
GOLDSTEIN, SHARON B
STREET ADDRESS
1201 SW 103RD AVE
CITY-ST-ZIP
PEMBROKE PINES FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

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

14. I 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:

Howard M. Lawn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/98

Daytime Phone #

(954) 457-8707

0022491

CR2E037 (10/97)