

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90244 032 \*\*\*150.00

**DOCUMENT # 858486**

1. Corporation Name

**STAFF BUILDERS HOME HEALTH CARE, INC.**

Principal Place of Business

1983 MARCUS AVE CB 7011  
LAKE SUCCESS NY 11042  
US

Mailing Address

1983 MARCUS AVE CB 7011  
LAKE SUCCESS NY 11042  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1983

4. FEI Number

13-3083184

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301

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, 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 CPD ☒ DELETE  
NAME SAVITSKY, STEPHEN  
STREET ADDRESS 1983 MARCUS AVE CB 7011  
CITY-ST-ZIP LAKE SUCCESS NY

1.1 TITLE C/D ☒ Change ☐ Addition  
1.2 NAME SAVITSKY, STEPHEN  
1.3 STREET ADDRESS 1983 MARCUS Avenue  
1.4 CITY-ST-ZIP LAKE Success NY

TITLE VDT ☐ DELETE  
NAME SAVITSKY, DAVID  
STREET ADDRESS 1983 MARCUS AVE CB 7011  
CITY-ST-ZIP LAKE SUCCESS NY

2.1 TITLE P/D/T/S ☒ Change ☐ Addition  
2.2 NAME SAVITSKY, DAVID  
2.3 STREET ADDRESS 1983 MARCUS Avenue  
2.4 CITY-ST-ZIP LAKE Success NY

TITLE S ☒ DELETE  
NAME SAVITSKY, DAVID  
STREET ADDRESS 1983 MARCUS AVE  
CITY-ST-ZIP LAKE SUCCESS NY

3.1 TITLE V/D ☐ Change ☒ Addition  
3.2 NAME CLIFT, DALE R  
3.3 STREET ADDRESS 1983 MARCUS AVE  
3.4 CITY-ST-ZIP LAKE Success, NY

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED** DAVID SAVITSKY 4-9-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)