

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000005048 (4)

1. Corporation Name

HMI LIFECARE, INC.

Principal Place of Business

7995 HIGHWAY 90
SNEADS FL 32460

Mailing Address

7995 HIGHWAY 90
SNEADS FL 32460



3. Date Incorporated or Qualified

11/08/1993

3a. Date of Last Report

05/19/1995

4. FEI Number

75-2096632

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOTTE, CLIFFORD E	
STREET ADDRESS	4250 VETERANS MEM HWY SUITE 400	
CITY-STATE-ZIP	HOLBROOK NY	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CLIFTON, ROBERT C	
STREET ADDRESS	4250 VET MEM HWY SUITE 400	
CITY-STATE-ZIP	HOLBROOK NY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BELLOISE, VIRGINIA	
STREET ADDRESS	4250 VET MEM HWY SUITE 400	
CITY-STATE-ZIP	HOLBROOK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BERGMAN, DREW	
STREET ADDRESS	4250 VET MEM HWY SUITE 400	
CITY-STATE-ZIP	HOLBROOK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COX, J D	
STREET ADDRESS	4250 VET MEM HWY SUITE 400	
CITY-STATE-ZIP	HOLBROOK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, DAVID R	
STREET ADDRESS	4250 VET MEM HWY SUITE 400	
CITY-STATE-ZIP	HOLBROOK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CFO
2.3 STREET ADDRESS	Jurewicz, Paul
2.4 CITY-STATE-ZIP	4250 Veterans Memorial Highway (suite 400 w.) Holbrook, New York 11741
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	TRICHE, TIMOTHY J.
5.4 CITY-STATE-ZIP	4250 Veterans Memorial Highway (suite 400 w.) Holbrook, New York 11741
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or as an attachment with an address.

SIGNATURE:

Drew Bergman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DREW BERGMAN

1/18/96

Date

(516) 981-0034

Daytime Phone #

CR2E034 (12/95)

ADDITIONAL OFFICERS OR DIRECTOR.

13.

ADDITION

DIRECTOR

DIMITRIADIS, ANDRE

4250 VETERANS MEMORIAL HIGHWAY (SUITE 400W)

HOLBROOK, NEW YORK 11741

ADDITION

CHIEF OPERATING OFFICER

NORMAN, MICHAEL R.

4250 VETERANS MEMORIAL HIGHWAY (SUITE 400 W.)

HOLBROOK, NEW YORK 11741

ADDITION

DIRECTOR

WEINBERG, D. MARK

4250 VETERANS MEMORIAL HIGHWAY (SUITE 400 W.)

HOLBROOK, NEW YORK, 11741