

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION,  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000001716

1. Corporation Name

Phoenix Lifecare Corp

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified  
4-10-95

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4 Cedar Swamp Road

26 4 Cedar Swamp Road

4. FEI Number

38-2491815

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

23 Glen Cove, NY

28 Glen Cove, NY

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

11542

USA

11542

USA

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

CT Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324

81 Name

N. A.

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 ☐ DELETE

NAME Chairman

STREET ADDRESS Carl G. Paffendorf

CITY-ST-ZIP 4 Cedar Swamp Road

Glen Cove, NY 11542

TITLE ☐ DELETE

NAME President and Director

STREET ADDRESS Larry L. Laird

CITY-ST-ZIP 11906 Forest Drive

Carmel, IN 46033

TITLE ☐ DELETE

NAME Treasurer

STREET ADDRESS Paul D'Andrea

CITY-ST-ZIP 4 Cedar Swamp Road

Glen Cove, NY 11542

TITLE ☐ DELETE

NAME Secretary

STREET ADDRESS Theresa A. Govier

CITY-ST-ZIP 4 Cedar Swamp Road

Glen Cove, NY 11542

TITLE ☐ DELETE

NAME Director

STREET ADDRESS Timothy J. Ransom

CITY-ST-ZIP 72 Loaldo Drive

Burlington, VT 05401

TITLE ☐ DELETE

NAME Director

STREET ADDRESS Thomas F. Hardardt

CITY-ST-ZIP 4 Cedar Swamp Road

Glen Cove, NY 11542

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Director

Lee Koppelman

2 Dune Court

Setauket, NY 11733

108001796701

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/96

(516)759-1188

CR2E037 (12/95)

97-26-96