

FILE NOW: FILING FEE IS \$61.25

FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000001716 (8)**

1. Corporation Name

**PHOENIX LIFECARE CORP.**

Principal Place of Business

Mailing Address

**4 CEDAR SWAMP ROAD  
GLEN COVE NY 11542**

**4 CEDAR SWAMP ROAD  
GLEN COVE NY 11542-3744**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/10/1995</b>	3a. Date of Last Report <b>04/26/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>38-2491815</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 S. 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 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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAIRD, LARRY L</b>	1.2 NAME	
STREET ADDRESS	<b>11906 FOREST DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARMEL IN 48033</b>	1.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAFFENDORF, CARL G</b>	2.2 NAME	
STREET ADDRESS	<b>4 CEDAR SWAMP ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GLEN COVE NY 11542</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RANSOM, TIMOTHY</b>	3.2 NAME	
STREET ADDRESS	<b>72 LOALDO DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURLINGTON VT 05401</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARDARDT, THOMAS</b>	4.2 NAME	
STREET ADDRESS	<b>4 CEDAR SWAMP ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GLEN COVE NY 11542</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D'ANDREA, PAUL</b>	5.2 NAME	
STREET ADDRESS	<b>4 CEDAR SWAMP ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GLEN COVE NY 11542</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOVER, THERESA A</b>	6.2 NAME	
STREET ADDRESS	<b>4 CEDAR SWAMP ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GLEN COVE NY 11542</b>	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

**PAUL D'ANDREA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/97**  
Date

**(516) 759-1188**  
Daytime Phone #

0075145

CR2E037 (9/96)