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FILED

May 13 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 # 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**



3. Date Incorporated or Qualified

04/10/1995

4. FEI Number

38-2491815

Applied For

Not Applicable

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

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

**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

TITLE ☐ DELETE

NAME **PD LAIRD, LARRY L**
STREET ADDRESS **11906 FOREST DRIVE**
CITY-ST-ZIP **CARMEL IN 46033**

TITLE ☒ DELETE

NAME **C PAFFENDORF, CARL G**
STREET ADDRESS **4 CEDAR SWAMP ROAD**
CITY-ST-ZIP **GLEN COVE NY 11542**

TITLE ☒ DELETE

NAME **D RANSOM, TIMOTHY**
STREET ADDRESS **72 LOALDO DRIVE**
CITY-ST-ZIP **BURLINGTON VT 05401**

TITLE ☒ DELETE

NAME **D HARDARDT, THOMAS**
STREET ADDRESS **4 CEDAR SWAMP ROAD**
CITY-ST-ZIP **GLEN COVE NY 11542**

TITLE ☒ DELETE

NAME **T D'ANDREA, PAUL**
STREET ADDRESS **4 CEDAR SWAMP ROAD**
CITY-ST-ZIP **GLEN COVE NY 11542**

TITLE ☐ DELETE

NAME **S GOVIER, THERESA A**
STREET ADDRESS **4 CEDAR SWAMP ROAD**
CITY-ST-ZIP **GLEN COVE NY 11542**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

DIRECTOR
STEVEN KAMERMAN
509 MADISON AVE, 11th Floor, #1114
NEW YORK, NY 10022-5501

3.1 TITLE ☐ Change ☒ Addition

DIRECTOR
WILSON C. ATKINSON III
1946 TYLER ST.
HOLLYWOOD FL 33021

4.1 TITLE ☐ Change ☒ Addition

TREASURER
ALAN GUTTMAN
4 CEDAR SWAMP ROAD
GLEN COVE NY 11542

5.1 TITLE ☐ Change ☒ Addition

DIRECTOR
RAYMOND BAUER
ONE POND SIDE CT.
MYSTIC, CT 06344

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:

Alan Guttman **ALAN GUTTMAN - TREASURER 4/28/98 (516) 759-1188**

CR2E037 (10/97)