

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90028 017 ****61.25

DOCUMENT # F95000001716

1. Corporation Name

PHOENIX LIFECARE CORP.

Principal Place of Business

4 CEDAR SWAMP ROAD
GLEN COVE NY 11542

Mailing Address

4 CEDAR SWAMP ROAD
GLEN COVE NY 11542



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

3. Date Incorporated or Qualified

04/10/1995

4. FEI Number

38-2491815

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE D
NAME STEVEN KAMERMAN
STREET ADDRESS 509 MADISON AVE 11TH FL, #1114
CITY-ST-ZIP NEW YORK NY 10022
☐ DELETE

TITLE D
NAME WILSON C ATKINSON III
STREET ADDRESS 1946 TYLER ST
CITY-ST-ZIP HOLLYWOOD FL 33021
☐ DELETE

TITLE T
NAME ALAN GUTTMAN
STREET ADDRESS 4 CEDAR SWAMP RD
CITY-ST-ZIP GLEN COVE NY 11542
☐ DELETE

TITLE D
NAME RAYMOND BAUER
STREET ADDRESS ONE PONDSIDE CT
CITY-ST-ZIP MYSTIC CT 06344
☐ DELETE

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

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 617, 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
ALAN GUTTMAN

4/9/99 (516) 759-1188

Date

Daytime Phone #

CR2E037 (11/98)