

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001716

1. Entity Name

PHOENIX LIFECARE CORP.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90457 021 \*\*\*\*61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-2491815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Alan Guttman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00

(516) 759-1488

CR2E037 (9/99)