

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001291 (1)

1. Corporation Name
SUNSTAR HEALTHCARE, INC.

Principal Place of Business 231 E. NEW HAVEN AVE. MELBOURNE FL 32901	Mailing Address 521 E. NEW HAVEN AVE. MELBOURNE FL 32901-4374
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2. Principal Place of Business 21 521 EAST STATE ROAD 434 Suite Apt. # etc.		2a. Mailing Address 26 521 EAST STATE ROAD 434 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/13/1996	3a. Date of Last Report
22 City & State 23 LONGWOOD FL		27 City & State 28 LONGWOOD FL		4. FEI Number NOT-APPLICABLE 59-8361076	Applied For Not Applicable
24 Zip 32750		25 Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
29 Zip 32750		30 Country USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81 Name DAVID A JESSE	
				82 Street Address (P.O. Box Number is Not Acceptable) 521 EAST STATE ROAD 434	
				83	
				84 City LONGWOOD	85 Zip Code FL 32750

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 607.0505, 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 PODGE	☐ DELETE	1.1 TITLE PC	☒ Change ☐ Addition
NAME STOWELL, WARREN D		1.2 NAME	
STREET ADDRESS 231 E. NEW HAVEN AVE.		1.3 STREET ADDRESS 521 EAST STATE ROAD 434	
CITY-ST-ZIP MELBOURNE FL 32901		1.4 CITY-ST-ZIP LONGWOOD FL 32750	
TITLE PODGE	☐ DELETE	2.1 TITLE VS	☒ Change ☐ Addition
NAME JESSE, DAVID		2.2 NAME DAVID A JESSE	
STREET ADDRESS 231 E. NEW HAVEN AVE.		2.3 STREET ADDRESS 521 EAST STATE ROAD 434	
CITY-ST-ZIP MELBOURNE FL 32901		2.4 CITY-ST-ZIP LONGWOOD FL 32750	
TITLE VCFO	☒ DELETE	3.1 TITLE V	☒ Change ☐ Addition
NAME HELLER, ROBERT P		3.2 NAME JACK W SHIELDS	
STREET ADDRESS 231 E. NEW HAVEN AVE.		3.3 STREET ADDRESS 521 EAST STATE ROAD 434	
CITY-ST-ZIP MELBOURNE FL 32901		3.4 CITY-ST-ZIP LONGWOOD FL 32750	
TITLE V	☒ DELETE	4.1 TITLE D	☒ Change ☐ Addition
NAME LANDAU, MICHAEL		4.2 NAME BERNARD LEVINE	
STREET ADDRESS 231 E. NEW HAVEN AVE.		4.3 STREET ADDRESS P.O. Box 2635	
CITY-ST-ZIP MELBOURNE FL 32901		4.4 CITY-ST-ZIP LA JOLLA CA NIA	
TITLE D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME FIALKOW, FREDERICK H		5.2 NAME	
STREET ADDRESS 700 WHITE PLAINS RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP SCARSDALE NY 10583		5.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME FIALKOW, STEVEN		6.2 NAME	
STREET ADDRESS 57 PLAINS RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP MILFORD CT 06480		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13. I shall be on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

407-339-4997

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CR2E034 (9/96)