

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 19 1997 8:00 am  
Secretary of State

DOCUMENT # F96000003939 (3)

1. Corporation Name

PSL COMMUNITY CARE CENTER, INC.



Principal Place of Business

9452 SOUTH U.S. 1  
PORT ST. LUCIE FL 34952

Mailing Address

9452 SOUTH U.S. 1  
PORT ST. LUCIE FL 34952-4299

2. Principal Place of Business

21 9454 South US 1

Suite Apt. #, etc.

22 City & State

Port St Lucie, FL

23 Zip

Country

24 34952

25

2a. Mailing Address

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/02/1996

3a. Date of Last Report

4. FEI Number

65-0677380

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032

Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

DIAZ, TERRENCE

12062 NW 11TH STREET

PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name

ROBERT RAPPEL

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

2770 INDIAN RIVER RD

83

Suite 307

84 City

VERO BEACH

FL

85 Zip Code

32960

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, 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 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

6/16/97

12. OFFICERS AND DIRECTORS

TITLE

PTD

☐ DELETE

NAME

EKBATANI, SHAHRIAR

STREET ADDRESS

9452 SOUTH U.S. 1

CITY-ST-ZIP

PORT ST. LUCIE FL 34952

TITLE

VSD

☒ DELETE

NAME

DIAZ, TERRENCE

STREET ADDRESS

12062 NW 11TH STREET

CITY-ST-ZIP

PEMBROKE PINES FL 33026

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P, V, P, S, D, T

☐ Change

☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

600002217416

-06/19/97-01092-003

\*\*\*165.00

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 if changed, or on an attachment with an address.

CP2E034 (9/96)