

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000004972

1. Corporation Name
SHIFRIN HEALTHCARE, INC.

Principal Place of Business

111 COLUMBIA TURNPIKE
FLORHAM PARK NJ 07932

Mailing Address

111 COLUMBIA TURNPIKE
FLORHAM PARK NJ 07932

2. Principal Place of Business

21 777 East Atlantic Ave

Suite, Apt. #, etc.

22 Suite 2178

City & State

23 Delray Beach, FL

Zip

24 33483

Country

2a. Mailing Address

26 777 East Atlantic Ave

Suite, Apt. #, etc.

27 Suite 2178

City & State

28 Delray Beach, FL

Zip

29 33483

Country

9. Name and Address of Current Registered Agent

SHIFRIN, STEVEN

380 SOUTH EAST MIZNER BLVD. #1724
BOCA RATON FL 33482

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1998

4. FEI Number

22-3286055

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

8 This corporation owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

SHIFRIN, STEVEN M.

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

777 East Atlantic Ave

83

Suite 2178

84 City

Delray Beach

FL

85 Zip Code

33483

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

3-1-99

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME SHIFRIN, STEVEN M

STREET ADDRESS 380 SOUTH EAST MIZNER BLVD. #1724

CITY-ST-ZIP BOCA RATON FL 33482

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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 CP ☒ Change ☐ Addition

1.2 NAME SHIFRIN, STEVEN M

1.3 STREET ADDRESS 777 East Atlantic Ave Suite 2178

1.4 CITY-ST-ZIP Delray Beach, FL 33483

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 607, 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 and typed or printed name of signing officer or director

Date

Daytime Phone #

3-1-99

561-750-7592

CR2E034 (11/98)

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