

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90244 030 ***150.00

DOCUMENT # G19173

1. Corporation Name

ST. LUCIE HOME HEALTH AGENCY, INC.

Principal Place of Business

1983 MARCUS AVE., CB 7011
C/O STAFF BUILDERS
LAKE SUCCESS NY 11042
US

Mailing Address

1983 MARCUS AVE., CB 7011
C/O STAFF BUILDERS
LAKE SUCCESS NY 11042
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1982

4. FEI Number

51-0173757

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 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

12. OFFICERS AND DIRECTORS

TITLE CPD ☒ DELETE
NAME SAVITSKY, STEPHEN
STREET ADDRESS 1983 MARCUS AVE., CB 7011
CITY-ST-ZIP LAKE SUCCESS NY 11042

TITLE TS ☒ DELETE
NAME SAVITSKY, DAVID
STREET ADDRESS 1983 MARCUS AVE., CB 7011
CITY-ST-ZIP LAKE SUCCESS NY 11042

TITLE VD ☒ DELETE
NAME SAVITSKY, DAVID
STREET ADDRESS 1983 MARCUS AVE., CB 7011
CITY-ST-ZIP LAKE SUCCESS NY 11042

TITLE VD ☒ DELETE
NAME CLIFT, DALE
STREET ADDRESS 1983 MARCUS AVE., CB 7011
CITY-ST-ZIP LAKE SUCCESS NY 11042

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 C/D ☒ Change ☐ Addition
1.2 NAME SAVITSKY, STEPHEN
1.3 STREET ADDRESS 1983 MARCUS Avenue
1.4 CITY-ST-ZIP Lake Success, NY 11042

2.1 TITLE P/S/T/D ☒ Change ☐ Addition
2.2 NAME SAVITSKY, DAVID
2.3 STREET ADDRESS 1983 MARCUS Avenue
2.4 CITY-ST-ZIP LAKE SUCCESS, NY 11042

3.1 TITLE V/D ☒ Change ☐ Addition
3.2 NAME CLIFT, DALE R.
3.3 STREET ADDRESS 1983 MARCUS Avenue
3.4 CITY-ST-ZIP Lake Success, NY 11042

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID SAVITSKY 4-9-99

Date

Daytime Phone #

CR2E034 (11/98)