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Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G42888 (9)
1. Corporation Name
DCA AT PEMBROKE POINTE, INC.

Principal Place of Business % MORRIS J. WATSKY, ESQ. 700 NW 107TH AVENUE 4TH FLOOR MIAMI FL 33172	Mailing Address % MORRIS J. WATSKY, ESQ. 700 NW 107TH AVENUE 4TH FLOOR MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/06/1983

4. FEI Number
59-2298128

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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
WATSKY, MORRIS J., ESQ.
700 NW 107TH AVENUE
4TH FLOOR
MIAMI FL 33172

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	
NAME	MILLER, LEONARD	1.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	BOLOTIN, IRVING	2.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	PEKOR, ALLAN J.	3.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	SIERRA, KATHLEEN E.	4.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	
NAME	SALEDA, M.E.	5.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	WATSKY, MORRIS	6.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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, unchanged, or as an attachment with an address.

SIGNATURE: *Kathleen E. Sierra* 1/8/98 (305) 270-1400

CR2E034 (10/97)