

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G55794 (3)
1. Corporation Name
SOUTH FLORIDA HEALTH CARE MANAGEMENT CORP.



Principal Place of Business
**2500 E HALLANDALE BCH BLVD
S803
HALLANDALE FL 33009**

Mailing Address
**2500 E HALLANDALE BCH BLVD
S803
HALLANDALE FL 33009**

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

3. Date Incorporated or Qualified
08/05/1983

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2724749

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**STAMEN, ROBERT A.
1500 SAN REMO AVE., #125
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent
81 Name **CHARLES POLLACK**
82 Street Address (P.O. Box Number is Not Acceptable)
1980 S. OCEAN DR #129
83 **HALLANDALE**
84 City
FL 85 Zip Code **33009**

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]* **C. POLLACK, PRESIDENT** 4/16/96
Signature typed or printed name of registered agent and date of appointment (Date: Registered Agent signature required when re-statuting)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LERNER, HELEN	
STREET ADDRESS	3650 N 36TH AVE. #62	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	POLLACK, CHARLES	
STREET ADDRESS	2500 BEACH BLVD. #803	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	LERNER, SAUL	
STREET ADDRESS	3650 N. 36TH AVE. #62	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POLLACK, RUTH	
STREET ADDRESS	1980 S. OCEAN DR. #120	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	POLLACK, GEORGE	
STREET ADDRESS	9865 NW 2ND CT. 10102 - NW 13CT	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* **C. POLLACK** 4/16/96 954-457-8088
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)