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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33009-4834**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**POLLACK, CHARLES
1980 S. OCEAN DRIVE, #120
HALLANDALE FL 33009**

3. Date Incorporated or Qualified

08/05/1983

3a. Date of Last Report

04/24/1996

4. FEI Number

59-2724749

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

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 female, vote, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of corporation or registered agent (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **POLLACK, CHARLES**
CITY-ST-ZIP **2500 BEACH BLVD. #803**
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **POLLACK, RUTH**
CITY-ST-ZIP **1980 S. OCEAN DR. #120**
TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **POLLACK, GEORGE**
CITY-ST-ZIP **10102 N.W. 13TH CT.**
TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **POLLACK, GEORGE**
CITY-ST-ZIP **10102 N.W. 13TH CT.**
TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **POLLACK, GEORGE**
CITY-ST-ZIP **10102 N.W. 13TH CT.**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. D. HAY, CFO

DATE

3-10-97

FILED

954-464-8086

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CR2E034 (9/96)