

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # G55794  
 1. Entity Name  
 SOUTH FLORIDA HEALTH CARE MANAGEMENT CORP.



Principal Place of Business: 2091 S OCEAN DR, HALLANDALE, FL 33009 US  
 Mailing Address: 2091 S OCEAN DR, HALLANDALE, FL 33009 US

**DO NOT WRITE IN THIS SPACE**



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2724749 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 POLLACK, CHARLES  
 1980 S. OCEAN DRIVE, #12Q  
 HALLANDALE, FL 33009

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000115136  
 04/16/04-80011-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POLLACK, CHARLES
STREET ADDRESS	1980 S OCEAN DR
CITY-ST-ZIP	HALLANDALE, FL
TITLE	D
NAME	POLLACK, RUTH
STREET ADDRESS	1980 S. OCEAN DR. #120
CITY-ST-ZIP	HALLANDALE, FL
TITLE	VP
NAME	POLLACK, GEORGE
STREET ADDRESS	10102 N.W. 13TH CT.
CITY-ST-ZIP	PLANTATION, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* VP. 4/14/04 954-457-0100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #