


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2005 8:00 am**  
**Secretary of State**


08-17-2005 90002 009 \*\*\*150.00

<b>DOCUMENT # G55794</b>	
1. Entity Name <b>SOUTH FLORIDA HEALTH CARE MANAGEMENT CORP.</b>	

Principal Place of Business <b>2091 S OCEAN DR HALLANDALE, FL 33009 US</b>	Mailing Address <b>2091 S OCEAN DR HALLANDALE, FL 33009 US</b>
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2. Principal Place of Business <b>4350 SHERIDAN ST Suite, Apt. #, etc. Suite 202 City &amp; State HOLLYWOOD, FL Zip 33021 Country USA</b>	3. Mailing Address <b>4350 SHERIDAN ST. Suite, Apt. #, etc. Suite 202 City &amp; State HOLLYWOOD, FL Zip 33021 Country USA</b>
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08052005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2724749</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>POLLACK, CHARLES 1980 S. OCEAN DRIVE, #12Q HALLANDALE, FL 33009</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7725 YARDLEY DRIVE APT. 401 City TAMARAC FL Zip Code 33321</b>	
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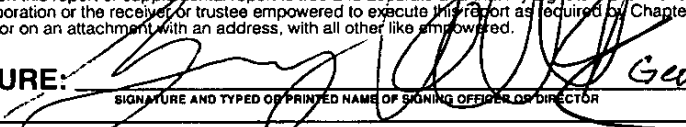
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P POLLACK, CHARLES 1980 S OCEAN DR HALLANDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7725 YARDLEY DRIVE #401 TAMARAC, FL 33321</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POLLACK, RUTH 1980 S. OCEAN DR. #12Q HALLANDALE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP POLLACK, GEORGE 10102 N.W. 13TH CT. PLANTATION, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:**  **George Pollack** 8/2/05 954-923-7440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #