

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H20580 (7)

1. Corporation Name

ALL CARE HEALTH SERVICES, INC.



Principal Place of Business

5950 WEST OAKLAND PARK BLVD.
SUITE 300
LAUDERHILL FL 33313

Mailing Address

5950 WEST OAKLAND PARK BLVD.
SUITE 300
LAUDERHILL FL 33313

2. Principal Place of Business

21 3537-43 North Pine Island Rd

Suite, Apt. #, etc.

22

City & State

23 Sunrise, FL

Zip

24 33351

Country

25 USA

2a. Mailing Address

26 2200 Renaissance Blvd

Suite, Apt. #, etc.

27 Suite 300

City & State

28 King of Prussia, PA

Zip

29 19406

Country

30 USA

3. Date Incorporated or Qualified

09/01/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2469775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

DORINSKI, BARBARA
3172 N ANDREWS AVE EXTENSION
POMPANO BCH. FL 33064

10. Name and Address of New Registered Agent

81 Name Nicholas, Fred

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Fred Nicholas

6/11/96

Signature must be printed name of registered agent or director

Printed name of agent or director must be printed when not signing

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FELDMAN, BRUCE J
STREET ADDRESS 2200 RENAISSANCE BLVD #300
CITY-ST-ZIP KING OF PRUSSIA PA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, C, D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

King of Prussia, PA 19406

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

Bruce Feldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96

Date

Daytime Phone #

CR2E034 (12/95)