

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # H57512 (6)**

1. Corporation Name  
**PRIVATE DUTY NURSING, INC.**



Principal Place of Business      Mailing Address  
**% ALLIED HEALTH CARE CORP.**  
**6800 N. ANDREWS AVE SUITE**  
**FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified **05/16/1985**      3a. Date of Last Report **02/28/1995**  
4. FEI Number **59-2543090**      Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional**  
Fee Required  
6. Election Campaign Financing ☐ **\$5.00 May Be**  
Trust Fund Contribution      Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business      2a. Mailing Address  
21 **150 S. Andrews Avenue**      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22 **Suite 201-25**      27  
City & State      City & State  
23 **Pompano Beach, FL**      28  
Zip      Country      Zip      Country  
24 **33069**      25 **Broward**      29      30

**9. Name and Address of Current Registered Agent**

**IRVING, BRUCE J.**  
**501 BRICKELL KEY DRIVE**  
**SUITE 300 COURVOISIER CENTRE**  
**MIAMI FL 33131**

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

SIGNATURE

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent Signature required when re-registering)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAPLAN, RONALD L.	
STREET ADDRESS	6800 N. ANDREWS AVE	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BRAFMAN, CAROL S.	
STREET ADDRESS	6800 N. ANDREWS AVE	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KOSCS, GREGORY V.	
STREET ADDRESS	6800 N ANDREWS AVE	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	IRVING, BRUCE J.	
STREET ADDRESS	501 BRICKELL KEY DRIVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:**

*Ronald L. Kaplan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ronald L. Kaplan**

**03-01-96**

**(954)491-6600**

Date Daytime Phone #

CR2E034 (12/95)