

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90019 019 \*\*\*150.00

DOCUMENT # H57512

1. Corporation Name  
PRIVATE DUTY NURSING, INC.

Principal Place of Business

~~200 N. W. 10th Ave~~  
~~STE 1000~~  
~~FT. LAUDERDALE FL 33304~~  
~~BOX~~

Mailing Address

% ALLIED HEALTH CARE CORP.  
6600 N. ANDREWS AVE SUITE  
FT. LAUDERDALE FL 33309

**SAME AS MAILING ADDRESS**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/16/1985

4. FEI Number

59-2543090

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 owes the current year Intangible  
Personal Property Tax.

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PD  
KAPLAN, RONALD L.  
STREET ADDRESS  
6600 N. ANDREWS AVE  
CITY-ST-ZIP  
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME  
VSD  
BRAFMAN, CAROL S.  
STREET ADDRESS  
6600 N. ANDREWS AVE  
CITY-ST-ZIP  
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME  
T  
KOSCS, GREGORY V.  
STREET ADDRESS  
6600 N ANDREWS AVE  
CITY-ST-ZIP  
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME  
AS  
IRVING, BRUCE J.  
STREET ADDRESS  
501 BRICKELL KEY DRIVE  
CITY-ST-ZIP  
MIAMI FL

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 ☐ 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald L. Kaplan

2/19/99

Date

(954) 491-6600

Daytime Phone #

CR2E034 (1/98)

0288598