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

PRQFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H68900

(0)

T.L.C. HOME HEALTH CARE, INC.

Principal Place	e of Business	Mailing Address						
1983 MARCUS AVE. CB 7011 LAKE SUCCESS NY 11042 US		1982 MARCUS AVE CB 7011 LAKE SUCCESS NY 11042 US						
						3. Date Incorporated or Qualified 07/30/1985 3a. Date of Last Ri 02/27/1996	∌port	
2. Principal P	lace of Business	2a. Mailing Address					plied For	
21	H a.s.a.	26 Suite A=1 # oto				A0 75	t Applicable	
Suite, Apt #, etc		Suite. Apt. #, etc.	27			5. Certificate of Status Desired		
City & State		City & State			6. Election Campaign Financing \$5.00			
23 Courts		28 Country			Trust Fund Contribution			
Zip	Country Zip 29		Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	9. Name and Address of Curre		30	1		10. Name and Address of New Registered Agent		
UNITED STATES CORPORATION COMPANY					Name			
110 NORTH MAGNOLIA STREET				82	Street /	Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301					311001 F	duress (r.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 if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
12.	Signature, typed or printed name of registered as	ent and trib if applicable (N ND DIRECTORS	OTE Registere	d Age	ent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12	
TITLE	CPD	DELETE	1.1 Ti	ITLE		Change	Addition	
NAME	SAVITSKY, STEPHEN	-	1.2 N					
STREET ADDRESS	1983 MARCUS AVE CB 7011				ADDRESS			
CITY - ST - ZIP	LAKE SUCCESS NY		•	TY-S	- 1			
TITLE	VS	DELETE	2.1 1		<u> </u>	☐ Change	Addition	
NAME	SAVITSKY, DAVID		2.2 N	IAME	l	-		
STREET ADDRESS	1983 MARCUS AVENUE CB 7	<b>'</b> 011	2.3 S	TAEET	ADDRESS			
CITY - ST - ZIP	LAKE SUCCESS NY		2.40	OITY-S	ST-ZIP			
TITLE	VD	☐ DELETE	3.1 T			Change	Addition	
NAME	TIGHE, GARY		3.2 N	IAME				
STREET ADDRESS	1983 MARCUS AVE CB 7011		3.3 S	TREET	ADDRESS			
CITY - ST - ZIP	LAKE SUCCESS, NY.		3.4 0	CITY - S	ST-ZIP	·		
TI7_E	TD	☐ DELETE	4.1 TI	ITLE		Change	Addition	
NAME	SAVITSKY, DAVID		4.21	NAME				
STREET ADDRESS	1983 MARCUS AVENUE CB 7	7011	4.3 \$	TREET	ADDRESS		ļ	
CITY-ST-7IP	LAKE SUCCESS, NY.		440	ITY-S	T-ZIP			
THILE		☐ DELETE	517	ITLE	1	Change	☐ Addition	
NAME			5.2 N	IAME				
STREET ADDRESS			5.3 \$	TREET	ADDRESS			
CHTY-ST-ZIP			540	ITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 T	IILE		☐ Change	Addition	
NAME			6.2 N	AME				
STREET ADDRESS			6.3 S	TREET	ADDRESS			
Culiu Ci tura	İ		0.40	ITU C	7 71n			

14. I do 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 Bytch 13 if changed, or on an attachment with an address.

**SIGNATURE:** 

**FILED** 

Feb 07 1997 8:00am

Secretary of State