

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 7:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J29527**

1. Corporation Name

**MOUNT SINAI/MIAMI JEWISH HOME AND HOSPITAL HOME CARE CORPORATION.**

Principal Place of Business

**4300 Alton Road  
Miami Beach, FL 33140**

Mailing Address

**4300 Alton Road  
Miami Beach, FL 33140**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>2/20/86</b>	3a. Date of Last Report <b>2/2/94</b>
4. FEI Number <b>59-2732515</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address Suite, Apt. #, etc. <b>27</b>
23. City & State <b>23</b>	2b. City & State <b>28</b>
24. Zip <b>24</b>	25. Country <b>25</b>
26. Zip <b>26</b>	29. Country <b>29</b>

9. Name and Address of Current Registered Agent <b>Hirt, Fred D. 4300 Alton Road Miami Beach, FL 33140</b>	10. Name and Address of New Registered Agent 81 Name <b>Jodi B. Laurence</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4300 Alton Road</b> 83 84 City <b>Miami Beach</b> FL 85 Zip Code <b>33140</b>
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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 Jodi Laurence DATE 4/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>Stern, Elliot</b>	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5200 N.E. 2nd Ave</b>	CITY- ST- ZIP <b>Miami, FL</b>	1.2 NAME <b>Sonenreich, Steven D.</b>	1.3 STREET ADDRESS <b>4300 Alton Road</b>
TITLE <b>SD</b>	NAME <b>Spivak David</b>	1.4 CITY- ST- ZIP <b>Miami Beach, FL 33140</b>	2.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4300 Alton Road</b>	CITY- ST- ZIP <b>Miami Beach, FL 33140</b>	2.2 NAME <b>Hirt, Fred D</b>	2.3 STREET ADDRESS <b>4300 Alton Road</b>
TITLE <b>D</b>	NAME <b>Hudson Larry</b>	2.4 CITY- ST- ZIP <b>Miami Beach, FL 33140</b>	3.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>4300 Alton Road</b>	CITY- ST- ZIP <b>Miami Beach, FL 33140</b>	3.2 NAME <b>Brady, Dan</b>	3.3 STREET ADDRESS <b>5200 N.E. 2nd Ave.</b>
TITLE <b>D</b>	NAME <b>Boue Lourdes</b>	3.4 CITY- ST- ZIP <b>Miami, FL</b>	4.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>5200 N.E. 2nd Ave</b>	CITY- ST- ZIP <b>Miami, FL</b>	4.2 NAME <b>Goodman, Terry</b>	4.3 STREET ADDRESS <b>5200 N.E. 2nd Ave</b>
TITLE	NAME	4.4 CITY- ST- ZIP <b>Miami, FL</b>	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	5.2 NAME	5.3 STREET ADDRESS
TITLE	NAME	5.4 CITY- ST- ZIP	6.1 TITLE
STREET ADDRESS	CITY- ST- ZIP	6.2 NAME	6.3 STREET ADDRESS
		6.4 CITY- ST- ZIP	

**600001490386**  
-05/17/95--01097--001 Addition  
\*\*\*\*225.00 \*\*\*\*225.00

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, changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: \_\_\_\_\_