

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Feb 12 1997 8:00am
Secretary of State

DOCUMENT # J29527 (5)
1. Corporation Name
MOUNT SINAI/MIAMI JEWISH HOME AND HOSPITAL HOME CARE CORPORATION



Principal Place of Business	Mailing Address
4300 ALTON ROAD MIAMI BEACH FL 33140	4300 ALTON ROAD MIAMI BEACH FL 33140-2849

3. Date Incorporated or Qualified 08/20/1986	3a. Date of Last Report 04/22/1996
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2732515		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23		28					
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		29					
	25		30				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAURENCE, JODI B. 4300 ALTON RD MIAMI BEACH FL 33140		81 Name	ALYSON R. SERELL
		82 Street Address (P.O. Box Number is Not Acceptable)	4300 Alton Road
		83	
		84 City	MIAMI BEACH, FL
		85 Zip Code	33140

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 agree with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE 		(NOTE: Registered Agent signature required when reinstating)		DATE 10/1/17	
Signature typed or printed name of registered agent and title if applicable					

12	OFFICERS AND DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D SONENREICH, STEVEN D.	1.2 NAME	Carol Rosasco
STREET ADDRESS	4300 ALTON ROAD	1.3 STREET ADDRESS	4300 Alton Road
CITY - ST - ZIP	MIAMI BEACH FL 33140	1.4 CITY - ST - ZIP	Miami Beach, FL 33140
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D HIRT, FRED D	2.2 NAME	Virginia Goldman
STREET ADDRESS	4300 ALTON ROAD	2.3 STREET ADDRESS	4300 Alton Road
CITY - ST - ZIP	MIAMI BEACH FL 33140	2.4 CITY - ST - ZIP	Miami Beach, FL 33140
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D BRADY, DON	3.2 NAME	Robert Matevish
STREET ADDRESS	5200 NE 2ND AVE.	3.3 STREET ADDRESS	4300 Alton Road
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	Miami Beach, FL 33140
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GOODMAN, TERRY	4.2 NAME	
STREET ADDRESS	5200 NE 2ND AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 1/20/97 674-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Page #

9/06) 730328C