

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **J55190** (9)

1. Corporation Name

SPECIAL CARE HOME HEALTH, INC.



Principal Place of Business

Mailing Address

**4200 NW 16TH STREET
5TH FLOOR
LAUDERHILL FL 33313
US**

**4200 NW 16TH STREET
PENTHOUSE C
LAUDERHILL FL 33313
US**

3. Date Incorporated or Qualified

02/04/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **4200 NW 16TH Street**

26 **4200 NW 16th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 500**

27 **Penthouse C**

City & State

City & State

23 **Lauderhill, FL**

28 **Lauderhill, FL**

Zip

Country

Zip

Country

24 **33313**

25 **U.S.A**

29 **33313**

30 **U.S.A**

4. FEI Number

65-0000826

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YORK MANAGEMENT CORP
4200 NW 16 STREET
1428 BRICKELL AVE
LAUDERHILL FL 33313**

81 Name

Gerald Brauser

82 Street Address (P.O. Box Number is Not Acceptable)

83

20110 Boca West Dr.

84 City

Boca Raton

FL

85 Zip Code

33428

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

Gerald Brauser

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **BRAUSER, GERALD**
STREET ADDRESS **20110 BOCA WEST DR**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VPST** ☐ DELETE

NAME **BRAUSER, BERNICE**
STREET ADDRESS **20110 BOCA WEST DR**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Gerald Brauser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)