

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 16 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K38756** (8)

1. Corporation Name  
**LEVITT CARE CORPORATION**

Principal Place of Business      Mailing Address  
**7777 GLADES RD.  
SUITE 410  
BOCA RATON FL 33434**      **7777 GLADES RD.  
SUITE 410  
BOCA RATON FL 33434**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/10/1988**      3a. Date of Last Report: **04/20/1994**  
4. FEI Number: **65-0079482**      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 has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      28 Zip      29 Country      30 Country

9. Name and Address of Current Registered Agent  
**PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name: **Prentice Hall Corporation System**  
82 Street Address (P.O. Box Number is Not Acceptable): **1201 Maya Street St 105**  
83  
84 City: **Tallahassee** FL      85 Zip Code: **32301**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: <b>DC</b>	NAME: <b>WIENER, ELLIOTT M.</b> STREET ADDRESS: <b>7777 GLADES RD. STE. 410</b> CITY-ST-ZIP: <b>BOCA RATON FL</b>
TITLE: <b>DP</b>	NAME: <b>RAFOFSKY, HARVEY P.</b> STREET ADDRESS: <b>7777 GLADES RD. STE. 410</b> CITY-ST-ZIP: <b>BOCA RATON FL</b>
TITLE: <b>VT</b>	NAME: <b>HOYOS, JEFFERY</b> STREET ADDRESS: <b>7777 GLADES RD #410</b> CITY-ST-ZIP: <b>BOCA RATON FL</b>
TITLE: <b>S</b>	NAME: <b>WEST, ALFRED G.</b> STREET ADDRESS: <b>7777 GLADES RD #410</b> CITY-ST-ZIP: <b>BOCA RATON FL</b>
TITLE: <b>V</b>	NAME: <b>POMPEO, MARYJO</b> STREET ADDRESS: <b>7777 GLADES RD #410</b> CITY-ST-ZIP: <b>BOCA RATON FL</b>
TITLE:	NAME: STREET ADDRESS: CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY-ST-ZIP:	
2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	<b>Delete</b>
2.4 CITY-ST-ZIP:	
3.1 TITLE: <b>D/P/T/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE: <b>D/P/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	<b>Delete</b>
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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, hereunder, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **VP Finance**      3-10-95      407-482-5100  
SIGNATURE AND TYPED OR PRINTED NAME OF NON-ND OFFICER OR DIRECTOR      Date      (Typed Name)