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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Secretary of State
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K38756**

(8)

FILED
Mar 04 1996 8:00 am
Secretary of State



1. Corporation Name
LEVITT CARE CORPORATION

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

Main Address
**7777 GLADES RD.
SUITE 410
BOCA RATON FL 33434**

2. Principal Place of Business

2a. Main Address

21 Subst. Acc. #, etc.

26 Subst. Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.009 and 607.024, Florida Statutes, I, as officer or director of the corporation, hereby certify that the information supplied on this form is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.009 and 607.024, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

12. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DC
**WIENER, ELLIOTT M.
7777 GLADES RD. STE. 410
BOCA RATON FL** DELETED
DP
**RAFOFSKY, HARVEY P.
7777 GLADES RD. STE. 410
BOCA RATON FL** DELETED
VT
**HOYOS, JEFFERY
7777 GLADES RD #410
BOCA RATON FL** DELETED
S
**WEST, ALFRED G.
7777 GLADES RD #410
BOCA RATON FL** DELETED
V
**POMPEO, MARYJO
7777 GLADES RD #410
BOCA RATON FL** DELETED
 DELETED

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DP
**300001760183
-03/28/96--01004--010
****200.00 ****200.00**
 Change Addition
DVTAS
 Change Addition
DVS
 Change Addition
 Change Addition
 Change Addition

14. I do hereby certify that the information supplied on this form is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.009 and 607.024, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Jeffery Hoyos VP 3-1-96

482-5100

*75P
3/21/96*

CR2E034 (12/95)