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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90227 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris 344
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K38756

1. Corporation Name
LEVITT CARE CORPORATION

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/10/1988
4. FEI Number
65-0079482
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 owes the current year Intangible Personal Property Tax.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, 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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
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 607.0502 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 DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PD [] DELETE
NAME WIENER, ELLIOTT M
STREET ADDRESS 7777 GLADES RD. STE. 410
CITY-ST-ZIP BOCA RATON FL
TITLE VSTD [] DELETE
NAME HOYOS, JEFFREY
STREET ADDRESS 7777 GLADES RD #410
CITY-ST-ZIP BOCA RATON FL
TITLE VSD [] DELETE
NAME WEST, ALFRED G
STREET ADDRESS 7777 GLADES RD #410
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
Date 4-16-99 Daytime Phone # 561-482-5100

CR2E034 (1.1/98)