PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris 344

Secretary of State

1999

1, Corporation Name

DOCUMENT # K38756

DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90227 044 ***150.00

LEVITT C	CARE CORPORATION								
Principal Place	e of Business	Mailing Address					INDERNI DIBIR DI	BALUIDII BAUA U	1811 B(B)† 1881
7777 GLADES RD. 7777 GLADES RD.						•			
SUITE 410 SUITE 410						_			
BOCA RATON FL 33434 BOCA RATON FL 33434						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						10/10/1988			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21	`	26				65-0079482			t Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re	I .
City & State	Ð	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curr	rent year Inta		_
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Co	urrent Registered Agent		54 1.		10. Name and Address of New I	Registered /	Agent	
000	DODATION CENTRE COLID	ANIV		81	Name				
	PORATION SERVICE COMP	ANT .		82	Street Addr	ress (P.O. Box Number is Not Accept	able)		
1201 HAYS ST.									
IALL	AHASSEE FL 32301			83					
	·			84	City	1	FL	85 Zip C	Code
11. Pursuant t	to the provisions of Sections 607	7.0502 and 607.1508, Florida Statu	tes, the at	oove-r	named corp	poration submits this statement for the on's board of directors. I hereby acce	purpose of	changing its	registered
office or re	egistered agent, or both, in the S m familiar with, and accept the o	State of Florida. Such change was a	authorized orida Stati	by the	e corporation	on's board of directors. I hereby acce	pt the appoir	ntment as rec	gistered
agent. Fai	Transmar man, and doops are	bligations of, Coocon cortobos, the	onda Oldic	1103.					
SIGNATURE		·			rianutura redulira	ut when rainstation)	DATE		
SIGNATURE	Signature, typed or printed name of registere	red agent and title if applicable. (NOT	E: Registered		signature require	ad when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO	PRS IN 12
SIGNATURE	Signature, typed or printed name of registers OFFICER	·		Agent si	signature require	od when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	PRS IN 12
SIGNATURE 12.	Signature, typed or printed name of registers OFFICER	red agent and title if applicable. (NOT)	E: Registered	Agent si	signature require				
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of register OFFICER PD WIENER, ELLIOTT M	red agent and title if applicable. (NOT RS AND DIRECTORS	E: Registered 13. 1.1 Til 1.2 NA	Agent si					
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of register OFFICER PD WIENER, ELLIOTT M 7777 GLADES RD. STE. 4 BOCA RATON FL	red agent and title if applicable. (NOT RS AND DIRECTORS	E: Registered 13. 1.1 TV 1.2 NA 1.3 ST	Agent si	DDRESS				
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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 suppliemental 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 of 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 attackment with an address, with all other like empowered.

CITY-ST-ZIP