

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # **L41442** (9)
1. Corporation Name
LIFECARE ACQUISITION CORP.



Principal Place of Business 4517 NW 31ST AVE. FT. LAUDERDALE FL 33309	Mailing Address 4517 NW 31ST AVE. FT. LAUDERDALE FL 33309-9403
---	--

2. Principal Place of Business 21 621 NW 53rd Street Suite, Apt. #, etc. 22 Suite 450 City & State 23 Boca Raton FL Zip 24 33487		2a. Mailing Address 26 621 NW 53rd Street Suite, Apt. #, etc. 27 Suite 450 City & State 28 Boca Raton FL Zip 29 33487 Country 30 Palm Beach		3. Date Incorporated or Qualified 01/10/1990	3a. Date of Last Report 05/01/1996
		4. FEI Number 65-0321433		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			

9. Name and Address of Current Registered Agent GHIRAS, DAVID L, P.A. 4517 NW 31ST AVENUE FT. LAUDERDALE FL 33309		10. Name and Address of New Registered Agent 81 Name NEESA B. WARLEN 82 Street Address (P.O. Box Number is Not Acceptable) 621 NW 53rd Street 83 Suite 450 84 City Boca Raton FL 85 Zip Code 33487	
---	--	--	--

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 *Neesa Warlen* DATE **4/3/97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME WEISSMAN RICHARD S.		1.2 NAME	
STREET ADDRESS 4517 NW 31ST AVE.		1.3 STREET ADDRESS 621 NW 53rd Street Suite 450	
CITY-ST-ZIP FT. LAUDERDALE FL		1.4 CITY-ST-ZIP Boca Raton FL 33487	
TITLE VPT	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME PRYOR, THAD		2.2 NAME	
STREET ADDRESS 4517 NW 31ST AVENUE		2.3 STREET ADDRESS 621 NW 53rd Street Suite 450	
CITY-ST-ZIP FT. LAUDERDALE FL 33309		2.4 CITY-ST-ZIP Boca Raton FL 33487	
TITLE COB	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME WEISSMAN, MICHAEL		3.2 NAME	
STREET ADDRESS 4517 NW 31ST AVE		3.3 STREET ADDRESS 621 NW 53rd Street Suite 450	
CITY-ST-ZIP FORT LAUDERDALE FL		3.4 CITY-ST-ZIP Boca Raton FL 33487	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS 300002153129	
CITY-ST-ZIP		6.4 CITY-ST-ZIP -04/24/97--01007--011	

14. I do 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.

SIGNATURE: *Richard S. Weissman* DATE **4-10-97** (561) 994-6226
Signature typed or printed name of signing officer or director Daytime Phone #

CR2E034 (9/96)