

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

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Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L47255** (9)

1. Corporation Name  
**LEADER HEALTH CARE CENTER, INC.**

Principal Place of Business

**5400 S UNIVERSITY DR. STE 108  
DAVIE FL 33328  
US**

Mailing Address

**4491 SOUTH STATE RD 7  
S-200  
FT LAUDERDALE FL 33314-4048  
US**



3. Date Incorporated or Qualified <b>01/29/1990</b>	3a. Date of Last Report <b>04/17/1996</b>
4. FEI Number <b>65-0173137</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BOISVERT, LOUIS W III  
4491 SOUTH STATE RD 7  
SUITE 200  
FT LAUDERDALE FL 33314**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

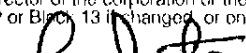
12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>KLAMM, ULLRICH</b>	
STREET ADDRESS	<b>4491 SO SR 7 STE-200</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>BEFANIS O'DONNELL, CAROL</b>	
STREET ADDRESS	<b>4491 S SR 7 S-200</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	<b>BOISVERT, LOUIS W III</b>	
STREET ADDRESS	<b>4491 SO SR 7 S-200</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	<b>DOBROVOSKY, LISA</b>	
STREET ADDRESS	<b>4491 S SR 7 S-200</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ORSINI, FRANCINE</b>	
1.3 STREET ADDRESS	<b>4491 SO. STATE ROAD SEVEN, S-200</b>	
1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33314</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 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:  **Louis W. Boisvert, III** 4/4/97 (954) 321-9555

CR2E034 (9/96)