

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 (AMENDED)

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 JUN 29 AM 8:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L47255 1. Corporation Name LEADER HEALTH CARE CENTER, INC.				8:00002924768--3 -07/07/99--01035--002 *****61.25 DO NOT WRITE IN THIS SPACE	
Principal Place of Business ADDRESS CHANGE: 7859 N.W. 15th Street Suite A Miami, Florida 33126		Mailing Address 7859 N.W. 15th Street Suite A Miami, Florida 33126		3. Date Incorporated or Qualified 1/29/1990	
2. Principal Place of Business 21 7859 N.W. 15th Street Suite, Apt. #, etc. 22 Suite A City & State 23 Miami, Florida 33126 Zip Country		2a. Mailing Address 26 same as above Suite, Apt. #, etc. 27 same as above City & State 28 same as above City & State 29 33126 U.S.A. Zip Country		4. FEI Number 65-0173137 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent Louis W. BOISVERT, III 4491 South State Road 7 Suite 200 Ft. Lauderdale, Florida 33314				10. Name and Address of New Registered Agent 81 Name Tony Novoa 82 Street Address (P.O. Box Number is Not Acceptable) 7859 N.W. 15th Street 83 Suite A 84 City Miami FL 85 Zip Code 33126	
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 <i>TONY NOVOA</i> TONY NOVOA, REGISTERED AGENT 6/21/99 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 DP NAME ULLRICH KLAMM STREET ADDRESS 4491 S. State Rd. 7 #200 CITY-ST-ZIP Ft. Lauderdale, FL 33314				1.1 TITLE DP 1.2 NAME TONY NOVOA 1.3 STREET ADDRESS 7859 N.W. 15th Street # A 1.4 CITY-ST-ZIP Miami, Florida 33126	
TITLE S NAME CAROL BEFANIS O'DONNELL STREET ADDRESS 4491 S. State Rd. 7 #200 CITY-ST-ZIP Ft. Lauderdale, FL 33314				2.1 TITLE S 2.2 NAME TONY NOVOA 2.3 STREET ADDRESS 7859 N.W. 15th Street # A 2.4 CITY-ST-ZIP Miami, Florida 33126	
TITLE DVP NAME LOUIS W. BOISVERT III STREET ADDRESS 4491 S. State Rd. 7 #200 CITY-ST-ZIP Ft. Lauderdale, FL 33314				3.1 TITLE DVP 3.2 NAME TONY NOVOA 3.3 STREET ADDRESS 7859 N.W. 15th Street # A 3.4 CITY-ST-ZIP Miami, Florida 33126	
TITLE AS NAME FRANCINE ORSINI STREET ADDRESS 4491 S. State Rd. 7 #200 CITY-ST-ZIP Ft. Lauderdale, FL 33314				4.1 TITLE AS 4.2 NAME TONY NOVOA 4.3 STREET ADDRESS 7859 N.W. 15th Street # A 4.4 CITY-ST-ZIP Miami, Florida 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 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 807, 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: <i>TONY NOVOA</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				6/21/99 (305) 477-0001 Date Daytime Phone #	

CR2E034 (11/98)