

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

FILED  
Mar 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L53757 (5)  
1. Corporation Name  
SPECIAL CARE DURABLE MEDICAL EQUIPMENT CORP.



Principal Place of Business 4200 NW 16 STREET #101 LAUDERHILL FL 33313 US	Mailing Address 4200 NW 16TH STREET STE #101 LAUDERHILL FL 33313 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4200 NW 16th St Suite, Apt. #, etc. 22 Penthouse A City & State 23 LAUDERHILL FL Zip 24 33313	2a. Mailing Address 26 4200 NW 16th St Suite, Apt. #, etc. 27 Penthouse A City & State 28 LAUDERHILL Zip 29 33313
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3. Date Incorporated or Qualified 02/28/1990	4. FEI Number 65-0178849	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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent EMAS, MARSHALL J. ES 1821 SW 69TH AVE MIAMI FL 33317	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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: Renee Zonenshine  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering) DATE: 2/25/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEAN LISOWICZ 4200 NW 16TH ST., #101 LAUDERHILL FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P10 Gerald Brauser 4200 NW 16th St Penthouse A LAUDERHILL FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP1 Sect D Renee Zonenshine 4200 NW 16th St Penthouse A LAUDERHILL FL 33313 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, upon an attachment with an address.

SIGNATURE: Renee Zonenshine  
2/25/98 954-730-2106

CR2E034 (10/97)