

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
FILED

MAY - 1 04 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L81750** (6)
1. Corporation Name
LIFETIME HEALTHCARE, INC.

Principal Place of Business: **20801 BISCAYNE BLVD. SUITE 200 NORTH MIAMI BEACH FL**
Mailing Address: **20801 BISCAYNE BLVD. SUITE 200 NORTH MIAMI BEACH FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/19/1990	3a. Date of Last Report 04/20/1994
4. FEI Number 65-0201316	Applied For <input type="checkbox"/> 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
7. This corporation has liability for intangible tax under Florida Statute. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite Apt # etc.	26. Suite Apt # etc.
22. City & State	27. City & State
23. State	28. State
24. State	29. State
25. State	30. State

9. Name and Address of Current Registered Agent KAPILIVSKY, JACOBO 20801 BISCAYNE BLVD 200 NORTH MIAMI BEACH FL 33180	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

11. Pursuant to the provisions of Sections 220 and 221, 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. For this purpose, the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of a registered agent. Florida Statute

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGED OFFICERS AND DIRECTORS	
OFFICER	VPS KAPILIVSKY, JACOBO 20801 BISCAYNE BLVD 200 NORTH MIAMI BEACH FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		1. STREET ADDRESS	
CITY, STATE, ZIP		1. CITY, STATE, ZIP	
OFFICER	PT FRAYND, GERMAN MD 20801 BISCAYNE BLVD 200 NORTH MIAMI BEACH FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, STATE, ZIP		2. CITY, STATE, ZIP	
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, STATE, ZIP		3. CITY, STATE, ZIP	
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, STATE, ZIP		4. CITY, STATE, ZIP	
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, STATE, ZIP		5. CITY, STATE, ZIP	

14. This hereby certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 220(2)(b) 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 new owner of business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 2, of this report as required by the statute with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BRIDING OFFICER OR DIRECTOR

4/24/95 305