

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

**APPROVED
AND
FILED**

05 APR 26 AM 8:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION **4-26-95** DEPARTMENT OF STATE
ANNUAL REPORT **B-45060**
1995
Gandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M08035 (1)
1. Corporation Name
CARDINAL NURSING & HOME CARE, INC.

Principal Place of Business: **6245 N. FEDERAL HWY. SUITE 300 FORT LAUDERDALE FL 33308-2220**
Mailing Address: **6245 N. FEDERAL HWY. SUITE 300 FORT LAUDERDALE FL 33308-2220**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 **400**
22 **400**
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3. Date Incorporated or Qualified: **11/20/1984**
3a. Date of Last Report: **04/19/1994**
4. FBI Number: **59-2474090**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name: **SCOTT KOEGLER**
82 Street Address (P.O. Box Number is Not Acceptable): **6245 N FEDERAL HWY #400**
83
84 City: **FT LAUDERDALE** FL 85 Zip Code: **33308**

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: *Scott Koegler* **SCOTT KOEGLER, ASST SECTY** **04-11-95**
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	PTD
NAME	CASS, RONALD
STREET ADDRESS	6245 N. FEDERAL HWY..
CITY-ST-ZIP	FT. LAUDERDALE FL 33308
TITLE	V
NAME	LECHNER, BRIAN M.
STREET ADDRESS	6245 N. FEDERAL HWY..
CITY-ST-ZIP	FT. LAUDERDALE FL 33308
TITLE	VS
NAME	MARMORSTEIN, WARREN A.
STREET ADDRESS	6245 N. FEDERAL HWY..
CITY-ST-ZIP	FT. LAUDERDALE FL 33308
TITLE	AS
NAME	PEARLMAN, CHARLES B.
STREET ADDRESS	6245 N. FEDERAL HWY..
CITY-ST-ZIP	FT. LAUDERDALE FL 33318
TITLE	AS
NAME	KOEGLER, SCOTT
STREET ADDRESS	6245 N. FEDERAL HWY
CITY-ST-ZIP	FT. LAUDERDALE FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	200 E LAS OLAS BLVD #1900
4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Scott Koegler* **SCOTT KOEGLER, ASST SECTY** **04-11-95 (305) 771-0500**
Signature and typed or printed name of signing officer or director Date (Date Here)