FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:56

DOCUMENT # **M15361** **(2)**

1. Corporation Name

T.L.C. MEDICARE SERVICES OF BROWARD, INC.

Principal Place of Business	Mailing Address
1981 MARCUS AVENUE LAKE SUCCESS NY 11042	1981 MARCUS AVENUE LAKE SUCCESS NY 11042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/14/1985	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1983 Marcus Ave.,CB 7011	26 1983 MArcus Ave., CB 7011
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lake Success, NY	City & State 28 Lake Success, NY
Zip / Country 24 11042 / 25 USA	Zip / Country 29 11042 / 30 USA

4. FEI Number: 59-2535374 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
UNITED STATES CORPORATION COMPANY 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301	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 _____ DATE
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	CPD	11 TITLE	☒ Change ☐ Addition
NAME	SAVITSKY, STEPHEN	12 NAME	
STREET ADDRESS	1981 MARCUS AVENUE	13 STREET ADDRESS	1983 Marcus Avenue, CB 7011
CITY-ST-ZIP	LAKE SUCCESS, NY.	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	☒ Change ☐ Addition
NAME	SAVITSKY, DAVID	22 NAME	
STREET ADDRESS	1981 MARCUS AVENUE	23 STREET ADDRESS	1983 Marcus Avenue, CB 7011
CITY-ST-ZIP	LAKE SUCCESS, NY.	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	TIGHE, GARY	32 NAME	
STREET ADDRESS	1981 MARCUS AVENUE	33 STREET ADDRESS	1983 Marcus Avenue, CB 7011
CITY-ST-ZIP	LAKE SUCCESS NY	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	SAVITSKY, DAVID	42 NAME	
STREET ADDRESS	1981 MARCUS AVE.	43 STREET ADDRESS	1983 Marcus Avenue, CB 7011
CITY-ST-ZIP	LAKE SUCCESS, NY.	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: _____ 4/13/95 516-358-1000
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001607 CP