

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

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Jan 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M15361 (2)  
1. Corporation Name  
T.L.C. MEDICARE SERVICES OF BROWARD, INC.



Principal Place of Business Mailing Address  
1983 MARCUS AVE., CB 7011 1983 MARCUS AVE., CB 7011  
LAKE SUCCESS NY 11042 LAKE SUCCESS NY 11042  
US US

3. Date Incorporated or Qualified 05/14/1985 3a. Date of Last Report 02/27/1996  
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

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
UNITED STATES CORPORATION COMPANY 81 Name  
110 NORTH MAGNOLIA STREET 82 Street Address (P.O. Box Number is Not Acceptable)  
TALLAHASSEE FL 32301 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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVITSKY, STEPHEN	1.2 NAME	
STREET ADDRESS	1982 MARCUSS AVENUE, CB 7011	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUCCESS, NY.	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVITSKY, DAVID	2.2 NAME	
STREET ADDRESS	1983 MARCUS AVENUE, CB 7011	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUCCESS, NY.	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIGHE, GARY	3.2 NAME	
STREET ADDRESS	1983 MARCUS AVENUE, CB 7011	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUCCESS NY	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVITSKY, DAVID	4.2 NAME	
STREET ADDRESS	1983 MARCUS AVENUE, CB 7011	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUCCESS, NY.	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 1/23/97 3273377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)