## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19167

(8)

VISITING NURSE EXTRACARE, INC.

| FILED              |  |
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| May 20 1997 8:00an |  |
| Secretary of State |  |

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| Principal Plac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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ANN<br>LAGE BLVD. STE. 250                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 82 Street                                                                                                                                                                                                                                                                                     | Address (P.O. 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| <ol> <li>Pursuant office or</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | t to the provisions of Sections 617.0<br>registered agent, or both, in the Sta                                                                                                                                                                                                                                                                                                                                                                                     | 502 and 617.1508, Florida Sta<br>Ite of Florida. Such change wi                     | itutes, the at<br>as authorize                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | xove-named<br>by the cor                                                                                                                                                                                                                                                                      | corporation submits this statement for the poration's board of directors. I hereby acceptions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ourpose or changing<br>of the appointment a | its registered<br>is registered                  |
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(                                                    | NOTE: Registere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               | e required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE                                        | )RS IN 12                                        |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Signature, typed or printed name of registered OFFICERS A                                                                                                                                                                                                                                                                                                                                                                                                          | agent and title if applicable. (I                                                   | NOTE: Registere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 Agent signatur                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DERS AND DIRECTO                            |                                                  |
| SIGNATURE  12. TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Signature, typed or printed name of registered OFFICERS A                                                                                                                                                                                                                                                                                                                                                                                                          | agent and title if applicable. (                                                    | NOTE: Registere<br>13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | f Agent signatur                                                                                                                                                                                                                                                                              | e required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             | *********                                        |
| SIGNATURE  12. TITLE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Signature, typed or printed name of registered OFFICERS A PD ZIELINSKI, A. ANN                                                                                                                                                                                                                                                                                                                                                                                     | agent and title if applicable (IND DIRECTORS                                        | NOTE: Registere<br>13.<br>1.1 TI<br>1.2 N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I Agent signatur<br>ILE                                                                                                                                                                                                                                                                       | e required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DERS AND DIRECTO                            | *******                                          |
| SIGNATURE  12.  TITLE  NAME  STREEL ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Signature, typed or printed name of registered.  OFFICERS A  PD  ZIELINSKI, A. ANN  560 VILLAGE BLVD., STE. 2                                                                                                                                                                                                                                                                                                                                                      | agent and title if applicable (IND DIRECTORS                                        | 13.<br>1.1 TI<br>1.2 Ri<br>1.3 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | J Agent eignatur  [LE  UME  REET ADORESS                                                                                                                                                                                                                                                      | e required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DERS AND DIRECTO                            |                                                  |
| SIGNATURE  12. TITUE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Signature, typed or printed name of registered OFFICERS A PD ZIELINSKI, A. ANN                                                                                                                                                                                                                                                                                                                                                                                     | agent and title if applicable (IND DIRECTORS                                        | 13.<br>1.1 TI<br>1.2 Ri<br>1.3 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I Agent signatur<br>ILE<br>IME<br>REET ADORESS<br>TY-ST-ZIP                                                                                                                                                                                                                                   | e required when reheating)  ADDITHONS/CHANGES TO OFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DERS AND DIRECTO                            | Addition                                         |
| SIGNATURE  12. TITLE NAME STREEL ADDRESS CHY-SI-ZIP TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OFFICERS A  PD ZIELINSKI, A. ANN 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL                                                                                                                                                                                                                                                                                                                                                                                      | agent and title if applicable (IND DIRECTORS DELETE                                 | 13.<br>1.1 TI<br>1.2 Ni<br>1.3 Si<br>1.4 Ci                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I Agent eignatur ILE IME REET ADDRESS TY-ST-ZIP ILE                                                                                                                                                                                                                                           | e required when reheating)  ADDITHONS/CHANGES TO OFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CERS AND DIRECTO                            | Addition                                         |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CHY-SI-ZIP  TITLE  NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD ZIELINSKI, A. ANN 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL D HUFF, DIANE                                                                                                                                                                                                                                                                                                                                                                                    | agent and title if applicable (IND DIRECTORS DELETE                                 | 13.<br>1.1 TI<br>1.2 N.<br>1.3 S<br>1.4 C<br>2.1 TI<br>2.2 N.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I Agent eignatur ILE IME REET ADDRESS TY-ST-ZIP ILE                                                                                                                                                                                                                                           | e required when remetaling)  ADDITHONS/CHANGES TO OFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CERS AND DIRECTO                            | Addition                                         |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PD ZIELINSKI, A. ANN 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL D HUFF, DIANE                                                                                                                                                                                                                                                                                                                                                                                    | agent and title if applicable (IND DIRECTORS DELETE                                 | NOTE: Registere  13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | I Agent eignatur ILE IME REET ADORESS IY-SI-ZIP ILE IME                                                                                                                                                                                                                                       | e required when reheating)  ADDITHONS/CHANGES TO OFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CERS AND DIRECTO                            | Addition                                         |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PD ZIELINSKI, A. ANN 560 VILLAGE BLVD., \$TE. 2 WEST PALM BEACH FL D HUFF, DIANE 560 VILLAGE BLVD., \$250                                                                                                                                                                                                                                                                                                                                                          | agent and title if applicable (IND DIRECTORS DELETE                                 | NOTE: Registere  13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CERS AND DIRECTO                            | Addition Addition                                |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Signature, typed or printed name of registered OFFICERS A PD ZIELINSKI, A. ANN 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL D HUFF, DIANE 560 VILLAGE BLVD., #250 WEST PALM BEACH FL                                                                                                                                                                                                                                                                               | agent and title if applicable. (IND DIRECTORS DELETE                                | 13.<br>1.1 TI<br>1.2 Ni<br>1.3 S<br>1.4 C<br>2.1 TI<br>2.2 Ni<br>2.3 S<br>2.4 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I Agent signatur  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE  ITY-ST-ZIP  ILE                                                                                                                                                                                    | e required when reheating)  ADDITHONS/CHANGES TO OFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CERS AND DIRECTO                            | Addition  Addition                               |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD ZIELINSKI, A. ANN 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL D HUFF, DIANE 560 VILLAGE BLVD., #250 WEST PALM BEACH FL VCD ROTTER, SAUL D. (M.D.)                                                                                                                                                                                                                                                                                                              | Agent and bitle if applicable (IND DIRECTORS DELETE                                 | 13.<br>1.1 TI<br>1.2 Ni<br>1.3 Si<br>1.4 Ci<br>2.1 TI<br>2.2 Ni<br>2.3 Si<br>2.4 Ci<br>3.1 TI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I Agent signatur  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE  ITY-ST-ZIP  ILE                                                                                                                                                                                    | e required when reheating)  ADDITHONS/CHANGES TO OFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CERS AND DIRECTO                            | Addition  Addition                               |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature, typed or printed name of registered.  OFFICERS A  PD ZIELINSKI, A. ANN 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL D HUFF, DIANE 560 VILLAGE BLVD., #250 WEST PALM BEACH FL VCD ROTTER, SAUL D. (M.D.)                                                                                                                                                                                                                                                 | Agent and bitle if applicable (IND DIRECTORS DELETE                                 | 13.<br>1.1 TI<br>1.2 N<br>1.3 S<br>1.4 C<br>2.1 TI<br>2.2 N<br>2.3 S<br>2.4 C<br>3.1 TI<br>3.2 N<br>3.3 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I Agent signatur  ILE  IME  REET ADDRESS  IY-ST-ZIP  ILE  IME  REET ADDRESS  IY-ST-ZIP  ILE  ITY-ST-ZIP  ILE  IME                                                                                                                                                                             | e required when reheating)  ADDITHONS/CHANGES TO OFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CERS AND DIRECTO                            | Addition  Addition                               |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD ZIELINSKI, A. ANN 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL D HUFF, DIANE 560 VILLAGE BLVD., #250 WEST PALM BEACH FL VCD ROTTER, SAUL D. (M.D.) 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL VCD ROTTER, SAUL D. (M.D.) 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL CD                                                                                                                                                                                      | Agent and bitle if applicable (IND DIRECTORS DELETE                                 | 13.<br>1.1 TI<br>1.2 N<br>1.3 S<br>1.4 C<br>2.1 TI<br>2.2 N<br>2.3 S<br>2.4 C<br>3.1 TI<br>3.2 N<br>3.3 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I Agent signatur  ILE  IME  REET ADDRESS  IY-ST-ZIP  ILE  IME  REET ADDRESS  IY-ST-ZIP  ILE  IME  ILE  IME  ITFET ADDRESS  ITF-ST-ZIP  ILE  IME  IREET ADDRESS  ITF-ST-ZIP                                                                                                                    | e required when reheating)  ADDITHONS/CHANGES TO OFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CERS AND DIRECTO                            | Addition  Addition                               |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD ZIELINSKI, A. ANN 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL D HUFF, DIANE 560 VILLAGE BLVD., #250 WEST PALM BEACH FL VCD ROTTER, SAUL D. (M.D.) 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL                                                                                                                                                                                                                                                                 | agent and title if applicable (IND DIRECTORS DELETE                                 | 13.<br>1.1 TI<br>1.2 N<br>1.3 S<br>1.4 C<br>2.1 TI<br>2.2 N<br>2.3 S<br>2.4 C<br>3.1 TI<br>3.2 N<br>3.3 S<br>3.4 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | I Agent signatur  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE  ME  REET ADDRESS  IYY-ST-ZIP  ILE  ME  REET ADDRESS  IYY-ST-ZIP  ILE  ME  REET ADDRESS  IYY-ST-ZIP  ILE  ME  REET ADDRESS                                                                                                            | e required when reheating)  ADDITHONS/CHANGES TO OFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CERS AND DIRECTO                            | Addition  Addition                               |
| SIGNATURE  12.  TITLE  NAME  STREEI ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PD ZIELINSKI, A. ANN 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL D HUFF, DIANE 560 VILLAGE BLVD., #250 WEST PALM BEACH FL VCD ROTTER, SAUL D. (M.D.) 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL CD CHAMBLEE, SANDRA 1045 TABIT ROAD                                                                                                                                                                                                                             | agent and title if applicable (IND DIRECTORS DELETE                                 | 13. 1.1 TI 1.2 Ni 1.3 S 1.4 C 2.1 Ti 2.2 Ni 2.3 S 2.4 C 3.1 TI 3.2 Ni 3.3 S 3.4 C 4.1 TI 4.2 Ni                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I Agent signatur  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE  ME  REET ADDRESS  IYY-ST-ZIP  ILE  ME  REET ADDRESS  IYY-ST-ZIP  ILE  ME  REET ADDRESS  IYY-ST-ZIP  ILE  ME  REET ADDRESS                                                                                                            | e required when reheating)  ADDITHONS/CHANGES TO OFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CERS AND DIRECTO                            | Additio                                          |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME  NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PD ZIELINSKI, A. ANN 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL D HUFF, DIANE 560 VILLAGE BLVD., #250 WEST PALM BEACH FL VCD ROTTER, SAUL D. (M.D.) 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL VCD ROTTER, SAUL D. (M.D.) 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL CD CHAMBLEE, SANDRA 1045 TABIT ROAD BELLE GLADE FL                                                                                                                                      | Agent and bitle if applicable (IND DIRECTORS  DELETE  250  DELETE  DELETE           | NOTE: Registere  13. 1.1 TI 1.2 N. 1.3 S 1.4 C 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S 4.1 TI 4.2 N. 4.3 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I Agent eignatur  ILE  WIE  REET ADDRESS  TY-ST-ZIP  ILE  WIE  REET ADDRESS  ITY-ST-ZIP  ILE  AME  REET ADDRESS  ITY-ST-ZIP  ILE  AME  IREET ADDRESS  ITY-ST-ZIP  ILE  AME  IREET ADDRESS  ITY-ST-ZIP  ILE  IREET ADDRESS  ITY-ST-ZIP  ILE  IREET ADDRESS  ITY-ST-ZIP                         | ADDITIONS/CHANGES TO OFFICE  ADDITIONS/CHANGE | Change                                      | Addition  Addition  Addition                     |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Signature, typed or printed name of registered.  OFFICERS A  PD ZIELINSKI, A. ANN 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL D HUFF, DIANE 560 VILLAGE BLVD., #250 WEST PALM BEACH FL VCD ROTTER, SAUL D. (M.D.) 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL CD CHAMBLEE, SANDRA 1045 TABIT ROAD BELLE GLADE FL TVP                                                                                                                                             | agent and title if applicable (IND DIRECTORS DELETE                                 | NOTE: Registere  13. 1.1 TI 1.2 N. 1.3 S 1.4 C 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S 4.1 TI 4.2 N. 4.3 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I Agent algoratur  ILE  WIE  REET ADDRESS  ITY-ST-ZIP  ILE  WIE  REET ADDRESS  ITY-ST-ZIP  ILE  WIE  REET ADDRESS  ITY-ST-ZIP  ILE  AME  REET ADDRESS  ITY-ST-ZIP  ILE  AME  IREET ADDRESS  ITY-ST-ZIP  ILE  IREET ADDRESS  ITY-ST-ZIP                                                        | ADDITIONS/CHANGES TO OFFICE  ADDITIONS/CHANGES TO OFFICE  DUANA STABILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Change  Change                              | Addition  Addition  Addition                     |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CONTACTOR OF THE CONTA | PD ZIELINSKI, A. ANN 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL D HUFF, DIANE 560 VILLAGE BLVD., #250 WEST PALM BEACH FL VCD ROTTER, SAUL D. (M.D.) 560 VILLAGE BLVD., \$750. WEST PALM BEACH FL VCD ROTTER, SAUL D. (M.D.) 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL CD CHAMBLEE, SANDRA 1045 TABIT ROAD BELLE GLADE FL TVP LAROHE, MARJORIE                                                                                                                 | Agent and bitle if applicable. (IND DIRECTORS  DELETE  250  DELETE  DELETE  DELETE  | NOTE: Registere  13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 Ci 3.1 Ti 3.2 Ni 3.3 Si 3.4 Ci 4.1 Ti 4.2 Pi 4.3 Si 4.4 Ci 5.1 Ti 5.2 Ni 5.2 Ni 5.2 Ni 5.3 Ni 5. Ni 5 | I Agent signatur  ILE  ME  REET ADDRESS  ITY-ST-ZIP  ILE  ME  REET ADDRESS  ITY-ST-ZIP  ILE  AME  REET ADDRESS  ITY-ST-ZIP  ILE  AME  IREET ADDRESS  ITY-ST-ZIP  ILE  AME  IREET ADDRESS  ITY-ST-ZIP  ILE  AME  IREET ADDRESS  ITY-ST-ZIP  ILE  AME                                           | DIRECTOR TO FINAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Change  Change                              | Addition  Addition  Addition  Addition           |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OFFICERS A  PD ZIELINSKI, A. ANN 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL  D HUFF, DIANE 560 VILLAGE BLVD., #250 WEST PALM BEACH FL  VCD ROTTER, SAUL D. (M.D.) 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL  CD CHAMBLEE, SANDRA 1045 TABIT ROAD BELLE GLADE FL  TVP LARCHE, MARJORIE 560 VILLAGE BLVD., STE. 2                                                                                                                                               | Agent and bitle if applicable. (IND DIRECTORS  DELETE  250  DELETE  DELETE  DELETE  | NOTE: Registere  13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 Ci 3.1 Ti 3.2 Ni 3.3 Si 3.4 Ci 4.1 Ti 4.2 Pi 4.3 Si 4.4 Ci 5.1 Ti 5.2 Ni 5.3 Si 5.3 Si 5.4 Ci 5.1 Ti 5.2 Ni 5.3 Si 5.3 Si 5.4 Ci 5.1 Ti 5.2 Ni 5.3 Si 5.3 Si 5.3 Si 5.4 Ci 5.3 Si 5. | I Agent signatur  ILE  ME  REET ADDRESS  IY-ST-ZIP  ILE  MME  REET ADDRESS  IYY-ST-ZIP  ILE  AME  REET ADDRESS  IYY-ST-ZIP  ILE  AME  IREET ADDRESS                            | DIRECTOR TO FINAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Change  Change                              | Addition  Addition  Addition  Addition           |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PD ZIELINSKI, A. ANN 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL D HUFF, DIANE 560 VILLAGE BLVD., #250 WEST PALM BEACH FL VCD ROTTER, SAUL D. (M.D.) 560 VILLAGE BLVD., \$750. WEST PALM BEACH FL VCD ROTTER, SAUL D. 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| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OFFICERS A  PD ZIELINSKI, A. ANN 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL  D HUFF, DIANE 560 VILLAGE BLVD., #250 WEST PALM BEACH FL  VCD ROTTER, SAUL D. (M.D.) 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL  CD CHAMBLEE, SANDRA 1045 TABIT ROAD BELLE GLADE FL  TVP LARCHE, MARJORIE 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL  VCD CHAMBLEE, SANDRA 1045 TABIT ROAD BELLE GLADE FL  TVP LARCHE, MARJORIE 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL  S | Agent and bitle if applicable. (IND DIRECTORS  DELETE  250  DELETE  DELETE  DELETE  | NOTE: Registere  13. 1.1 TI 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 Ci 3.1 Ti 3.2 Ni 3.3 Si 3.4 Ci 4.1 Ti 4.2 Ni 4.3 Si 4.4 Ci 5.1 Ti 5.2 Ni 5.3 Si 5.4 Ci 6.1 Ti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I Agent signatur  ILE  IME  REET ADDRESS  ITY-ST-ZIP  ILE  IME  REET ADDRESS  ITY-ST-ZIP  ILE  AME  IREET ADDRESS  ITY-ST-ZIP  ILE  AME  IREET ADDRESS  ITY-ST-ZIP  ILE  AME  IREET ADDRESS  ITY-ST-ZIP  ILE  IREET ADDRESS  ITY-ST-ZIP  ILE  IREET ADDRESS  ITY-ST-ZIP  ILE                  | DIRECTOR TO FINAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Change  Change                              | Addition  Addition  Addition  Addition  Addition |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OFFICERS A  PD ZIELINSKI, A. 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| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PD ZIELINSKI, A. ANN 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL D HUFF, DIANE 560 VILLAGE BLVD., #250 WEST PALM BEACH FL VCD ROTTER, SAUL D. (M.D.) 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL VCD ROTTER, SAUL D. (M.D.) 560 VILLAGE BLVD., STE. 2 WEST PALM BEACH FL CD CHAMBLEE, SANDRA 1045 TABIT ROAD BELLE GLADE FL TVP LARCHE, MARJORIE 560 VILLAGE BLVD., STE. 3 WEST PALM BEACH FL S DYMERSKI, PATRICIA                                               | Agent and bitle if applicable (IND DIRECTORS  DELETE  250  DELETE  250  DELETE  250 | NOTE: Registere  13. 1.1 TI 1.2 Ni 1.3 S 1.4 C 2.1 TI 2.2 Ni 2.3 S 2.4 C 3.1 TI 3.2 Ni 3.3 S 3.4 C 4.1 TI 4.2 Ni 4.3 S 4.4 C 5.1 T 5.2 Ni 5.3 S 5.4 C 6.1 Y 6.2 Ni  | I Agent signatur  ILE  IME  REET ADDRESS  ITY-ST-ZIP  ILE  IME  REET ADDRESS  ITY-ST-ZIP  ILE  AME  IREET ADDRESS  ITY-ST-ZIP  ILE  AME  IREET ADDRESS  ITY-ST-ZIP  ILE  AME  IREET ADDRESS  ITY-ST-ZIP  ILE  IREET ADDRESS  ITY-ST-ZIP  ILE  IREET ADDRESS  ITY-ST-ZIP  ILE                  | DIRECTOR TO FINANDAMENTALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CE_ Change                                  | Addition  Addition  Addition  Addition  Addition |

I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 it changes for on an attachment with an address.

SIGNATURE

4-21-97

Daytime Phone # 0040752