

<b>DOCUMENT # N38913</b>	
1. Entity Name	
LAKES OF DELRAY WE CARE, INC.	

Principal Place of Business	Mailing Address
15055 ASHLAND BOULEVARD DELRAY BEACH FL 33484 US	% HERBERT ADELMAN 5598 WITNEY DRIVE APT. 212 DELRAY BEACH FL 33484

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
ADELMAN, HERBERT 5598 WITNEY DR #212 DELRAY BEACH FL 33484	

4. FEI Number	Applied For
65-0208939	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE		DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> Delete
NAME	PLATZNER, NORMA
STREET ADDRESS	15345 LAKES OF DELRAY BLVD #82
CITY-ST-ZIP	DELRAY BCH FL 33484
TITLE	D <input type="checkbox"/> Delete
NAME	SHNEIDER, IRVING
STREET ADDRESS	15109 ASHLAND DR. #324
CITY-ST-ZIP	DELRAY BCH FL 33484
TITLE	TD <input type="checkbox"/> Delete
NAME	ADELMAN, HERBERT
STREET ADDRESS	5598 WITNEY DR #212
CITY-ST-ZIP	DELRAY BCH FL 33484
TITLE	D <input type="checkbox"/> Delete
NAME	TEGER, LEON
STREET ADDRESS	15036 ASHLAND LN #69
CITY-ST-ZIP	DELRAY BCH FL 33484
TITLE	PD <input type="checkbox"/> Delete
NAME	FINKELSTEIN RHEA
STREET ADDRESS	15036 ASHLAND DR. #41
CITY-ST-ZIP	DELRAY BCH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	<i>Herbert Adelman</i>	Date	1/5/01	Daytime Phone #	(561) 495-9585
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR					

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90081 003 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)