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1997 JUN -9 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000006272 (6)

1. Corporation Name

HERITAGE CARE OF SARASOTA, INC.



Principal Place of Business

Mailing Address

C/O CHRIS ROLLE/FOLEY & LARDNER
111 N. ORANGE AVE., SUITE 1800
ORLANDO FL 32801

C/O CHRIS ROLLE/FOLEY & LARDNER
111 N. ORANGE AVE., SUITE 1800
ORLANDO FL 32801-2387

3. Date Incorporated or Qualified
12/10/1996

3a. Date of Last Report

2. Principal Place of Business

21 C/O Jennifer Brown/
Foley & Lardner

2a. Mailing Address

26 C/O Jennifer Brown/
Foley & Lardner

4. FEI Number

65-0715240

Applied For

Not Applicable

Suite, Apt. #, etc.

22 111 N. Orange Ave., #1800

Suite, Apt. #, etc.

27 111 N. Orange Ave., #1800

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 Orlando, FL 32801

City & State

28 Orlando, FL 32801

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 32801

Country

25 Orange

Zip

29 32801

Country

30 Orange

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

F&L CORP.

THE GREENLEAF BUILDING, THIRD FLOOR

200 LAURA STREET

JACKSONVILLE FL 32201-0240

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CHAIRMAN / Director ☐ DELETE
NAME ONOFRIO V. BERTOLINI
STREET ADDRESS 9250 Wilshire Blvd., Suite 305
CITY-ST-ZIP Beverly Hills, CA 90212

TITLE PRESIDENT / Director ☐ DELETE
NAME ANDREW KORNREICH
STREET ADDRESS 9250 Wilshire Blvd., Suite 305
CITY-ST-ZIP Beverly Hills, CA 90212

TITLE SECRETARY / Director ☐ DELETE
NAME LARRY RUBIN
STREET ADDRESS 9250 Wilshire Blvd., Suite 305
CITY-ST-ZIP Beverly Hills, CA 90212

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)