

FILE NOW: FILING FEE IS \$61.25

Amended

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**

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

DOCUMENT # N96000006272

1. Corporation Name

HERITAGE CARE OF SARASOTA, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
12/10/96

3a. Date of Last Report

2. Principal Place of Business

21 2750 BAHIA VISTA ST.

2a. Mailing Address

26 9250 WILSHIRE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 305

City & State

City & State

23 SARASOTA, FLORIDA

28 BEVERLY HILLS, CA

Zip

Country

Zip

Country

24 34239-2612

25 USA

29 90212

30 USA

4. FEI Number

31-1507046

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 189.032, 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, FLORIDA 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 SECRETARY ☐ DELETE
NAME LARRY RUBIN D
STREET ADDRESS 9250 WILSHIRE BLVD, #305
CITY - ST - ZIP BEVERLY HILLS, CA 90212

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

☐ Change ☐ Addition

TITLE PRESIDENT ☐ DELETE
NAME EMERY RUBIN D
STREET ADDRESS 9250 WILSHIRE BLVD., #305
CITY - ST - ZIP BEVERLY HILLS, CA 90212

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

800002373878-0
-12/16/97-01102-011
****\$61.25****

☐ Change ☐ Addition

TITLE TREASURER ☐ DELETE
NAME VIRGIL LIM D
STREET ADDRESS 9250 WILSHIRE BLVD., #305
CITY - ST - ZIP BEVERLY HILLS, CA 90212

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

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.

SIGNATURE: *Emery Rubin* EMERY RUBIN

11/17/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

661007 (9/96)