

FILE NOW: FILING FEE IS \$61.25

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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006272 (6)**

1. Corporation Name

HERITAGE CARE OF SARASOTA, INC.



Principal Place of Business % JENNIFER BROWN/FOLEY & LARDNER 111 N. ORANGE AVE., SUITE 1800 ORLANDO FL 32801	Mailing Address % JENNIFER BROWN/FOLEY & LARDNER 111 N. ORANGE AVE., SUITE 1800 ORLANDO FL 32801
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3. Date Incorporated or Qualified 12/10/1996	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 65-0715240		

2. Principal Place of Business 21 2750 Bahia Vista Suite, Apt. #, etc. 22 City & State 23 Sarasota, Florida Zip 24 34239-2612	2a. Mailing Address 26 c/o JEROLD V. GOLDSTEIN Suite, Apt. #, etc. 27 16133 Ventura Blvd., #965 City & State 28 Encino, CA Zip 29 9143602430	Country 25 USA	Country 30 USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent F&L CORP. THE GREENLEAF BUILDING, THIRD FLOOR 200 LAURA STREET JACKSONVILLE FL 32201-0240	
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10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CO	1.1 TITLE	ST
NAME	BERTOLINI, ONOFRIO V	1.2 NAME	VIRGIL LIM
STREET ADDRESS	9250 WILSHIRE BLVD., STE 305	1.3 STREET ADDRESS	9250 Wilshire Blvd., #305
CITY - ST - ZIP	BEVERLY HILLS CA 90212	1.4 CITY - ST - ZIP	Beverly Hills, CA 90212
TITLE	PD	2.1 TITLE	D
NAME	KORNREICH, ANDREW	2.2 NAME	CARY MEDILL
STREET ADDRESS	9250 WILSHIRE BLVD., STE 305	2.3 STREET ADDRESS	2983 Deep Canyon Drive
CITY - ST - ZIP	BEVERLY HILLS CA 90212	2.4 CITY - ST - ZIP	Beverly Hills, CA 90210
TITLE	SD	3.1 TITLE	D
NAME	RUBIN, LARRY	3.2 NAME	DONALD KING
STREET ADDRESS	9250 WILSHIRE BLVD., STE 305	3.3 STREET ADDRESS	1055 West Rosecrans
CITY - ST - ZIP	BEVERLY HILLS CA 90212	3.4 CITY - ST - ZIP	Compton, CA 90222
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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:  4/29/98 (310) 273-1235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015704

CR2E037 (10/97)