

AMENDED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Corporation Name

HERITAGE CARE OF SARASOTA, INC.

Principal Place of Business 2750 BAHIA VISTA ST. SARASOTA, FLORIDA 34239-2612	Mailing Address 16133 VENTURA BLVD., STE 965 ENCINO, CA 91346
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2. Principal Place of Business 21 2750 BAHIA VISTA ST. Suite, Apt. #, etc. 22 City & State 23 SARASOTA, FLORIDA Zip 24 34239-2612	2a. Mailing Address 26 16133 VENTURA BLVD. Suite, Apt. #, etc. 27 965 City & State 28 ENCINO, CA Zip 29 91346	Country 25 USA Country 30 USA
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3. Date Incorporated or Qualified 12/10/96	Applied For Not Applicable
4. FEI Number 31-1507046	
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 checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent F & L CORP. THE GREENLEAF BUILDING, THIRD FLOOR 200 LAURA STREET JACKSONVILLE, FLORIDA 32201-0240

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

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY LARRY RUBIN 113 N. SAN VICENTE, SUITE 302 BEVERLY HILLS, CA 90211 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT EMERY RUBIN 113 N. SAN VICENTE, SUITE 302 BEVERLY HILLS, CA 90211 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER VIRGIL LIM 16133 VENTURA BLVD., SUITE 965 ENCINO, CA 91346 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	SECRETARY VIRGIL LIM 16133 VENTURA BLVD., SUITE 965 ENCINO, CA 91346 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	CHAIRMAN OF THE BOARD ONOFRIO VINCENT BERTOLINI 16133 VENTURA BLVD., SUITE 965 ENCINO, CA 91346 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	PRESIDENT JEROLD V GOLDSTEIN 16133 Ventura Bl, Ste 965 Encino CA 91346 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Director CARY MEDILL 2983 Deep Canyon Dr Beverly Hills, CA 90210 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	Director Herbert Saltzman 6167 Bristol Pkwy, #390 Culver City, CA 90230 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	Director DONALD KING 1055 W Rosecrans Compton, CA 90222 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  X 11/10/98 918-783-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #