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**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90188 030 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000006272**

1. Corporation Name

**HERITAGE CARE OF SARASOTA, INC.**

Principal Place of Business

2750 BAHIA VIST  
SARASOTA FL 34239  
US

Mailing Address

16133 VENTURA BLVD  
STE 965  
ENCINO CA 91436  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/10/1996

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

9. Name and Address of Current Registered Agent

F&L CORP.  
THE GREENLEAF BUILDING, THIRD FLOOR  
200 LAURA STREET  
JACKSONVILLE FL 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 **SD** ☒ DELETE

NAME **RUBIN, LARRY**  
STREET ADDRESS **9250 WILSHIRE BLVD., STE 305**  
CITY-ST-ZIP **BEVERLY HILLS CA 90212**

TITLE **D** ☐ DELETE

NAME **MEDILL, C**  
STREET ADDRESS **2983 DEEP CANYON DR**  
CITY-ST-ZIP **BEVERLY HILLS CA 90210**

TITLE **D** ☐ DELETE

NAME **KING, D**  
STREET ADDRESS **1055 W ROSECRANS**  
CITY-ST-ZIP **COMPTON CA 90222**

TITLE **ST** ☐ DELETE

NAME **LIM, V**  
STREET ADDRESS **9250 WILSHIRE BLVD, 305**  
CITY-ST-ZIP **BEVERLY HILLS CA 90212**

TITLE **D** ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

NAME **EVAN GREENSPAN**  
STREET ADDRESS **16133 VENTURA BLVD #965**  
CITY-ST-ZIP **ENCINO, CA 91436**

3.1 TITLE ☐ Change ☒ Addition

NAME **STEPHEN GOODMAN**  
STREET ADDRESS **16133 VENTURA BL #965**  
CITY-ST-ZIP **ENCINO, CA 91436**

4.1 TITLE ☒ Change ☐ Addition

NAME **ST VIRGIL LIM**  
STREET ADDRESS **16133 VENTURA BLVD #965**  
CITY-ST-ZIP **ENCINO, CA 91436**

5.1 TITLE ☐ Change ☒ Addition

NAME **HERBERT SALTZMAN**  
STREET ADDRESS **6167 BRISTOL PKWY # 390**  
CITY-ST-ZIP **CULVER CITY CA 90230**

6.1 TITLE ☐ Change ☒ Addition

NAME **JERRY GOLDSKIN**  
STREET ADDRESS **16133 VENTURA BLVD #965**  
CITY-ST-ZIP **ENCINO, CA 91436**

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)