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1997 JUN -9 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000006273 (4)

1. Corporation Name

HERITAGE CARE OF MIAMI BEACH, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified  
12/10/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Jennifer Brown/  
Foley & Lardner  
Suite, Apt. #, etc.

26 Jennifer Brown/  
Foley & Lardner  
Suite, Apt. #, etc.

22 111 N. Orange Ave., 1800

27 111 N. Orange Ave., 1800

City & State

City & State

23 Orlando, FL

28 Orlando, FL

24 Zip  
32801

25 Country  
Orange

29 Zip  
32801

30 Country  
Orange

4. FEI Number  
65-0715624

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. 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

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

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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)