

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N96000006273 (4)**

1. Corporation Name

**HERITAGE CARE OF MIAMI BEACH, INC.**



Principal Place of Business	Mailing Address
% JENNIFER BROWN/ FOLEY & LARDNER 111 N. ORANGE AVENUE, SUITE 1800 ORLANDO FL 32801	% JENNIFER BROWN/ FOLEY & LARDNER 111 N. ORANGE AVENUE, SUITE 1800 ORLANDO FL 32801

2. Principal Place of Business	2a. Mailing Address
21 9250 Wilshire Blvd. Suite, Apt. #, etc. 22 #305 City & State 23 Beverly Hills, CA Zip 24 90212	26 c/o JEROLD V. GOLDSTEIN Suite, Apt. #, etc. 27 16133 Ventura Blvd., #965 City & State 28 Encino, CA Zip 29 91436-2430
Country 25 USA	Country 30 USA

3. Date Incorporated or Qualified	12/10/1996
4. FEI Number	65-0715624
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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	CD	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 # 0015696

CR2E037 (10/97)