



FILE NOW: FILING FEE IS \$61.25

FILED

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	
DOCUMENT # N97000006000 (0) 1. Corporation Name HERITAGE CARE OF SEMINOLE, INC.			
Principal Place of Business 111 NORTH ORANGE AVE SUITE 1800 ORLANDO FL 32801		Mailing Address 111 NORTH ORANGE AVE SUITE 1800 ORLANDO FL 32801	
2. Principal Place of Business 21 9250 Wilshire Blvd. Suite, Apt. #, etc. 22 #305 City & State 23 Beverly Hills, CA Zip 24 90212		2a. Mailing Address 26 c/o JEROLD V. GOLDSTEIN Suite, Apt. #, etc. 27 16133 Ventura Blvd., #965 City & State 28 Encino, CA Zip 29 91436-2430 Country 30 USA	
9. Name and Address of Current Registered Agent F & L COPR. 200 LAURA STREET THIRD FLOOR 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 FL	
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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONOFRIO VINCENT BERTOLINI	1.2 NAME	
STREET ADDRESS	9250 Wilshire Blvd., Ste. 305	1.3 STREET ADDRESS	
CITY-ST-ZIP	Beverly Hills, CA 90212	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGIL LIM	2.2 NAME	
STREET ADDRESS	9250 Wilshire Blvd., Ste. 305	2.3 STREET ADDRESS	
CITY-ST-ZIP	Beverly Hills, CA 90212	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARY MEDILL	3.2 NAME	
STREET ADDRESS	2983 Deep Canyon Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Beverly Hills, CA 90210	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD KING	4.2 NAME	
STREET ADDRESS	1055 West Rosecrans	4.3 STREET ADDRESS	
CITY-ST-ZIP	Compton, CA 90222	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 # 0015705	

CR2E037 (10/97)