

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Aug 25, 1999 8:00 am  
Secretary of State

08-25-1999 90005 018 \*\*\*\*61.25

DOCUMENT # N97000006000

1. Corporation Name

HERITAGE CARE OF SEMINOLE, INC.

609396-90005-18

Principal Place of Business  
9250 WILSHIRE BLVD  
STE 305  
BEVERLY HILLS CA 90212  
US

Mailing Address  
16133 VENTURA BLVD  
STE 965  
ENCINO CA 91436  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 16133 Ventura	26 Same	10/24/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22 #965	27 #965	4. FEI Number
City & State	City & State	95-4684728
23 Encino, CA	28 Same	Applied For
Zip	Zip	Not Applicable
24 91436	29 Same	5. Certificate of Status Desired
Country	Country	8.75 Additional Fee Required
25 USA	30 USA	6. Election Campaign Financing
		Trust Fund Contribution
		5.00 May Be Added to Fees

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	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	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTOLINI, O V	1.2 NAME	
STREET ADDRESS	9250 WILSHIRE BLVD, 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIM, V	2.2 NAME	ST Lim, Virgil
STREET ADDRESS	9250 WILSHIRE BLVD, 305	2.3 STREET ADDRESS	Encino, CA
CITY-ST-ZIP	BEVERLY HILLS CA 90212	2.4 CITY-ST-ZIP	16133 Ventura Blvd. #965 91436
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDILL, C	3.2 NAME	
STREET ADDRESS	2983 DEEP CANYON DR	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	KING, D	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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Greenspan, Evan M.
STREET ADDRESS		5.3 STREET ADDRESS	11846 Ventura Blvd, #140
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Studio City, CA 91604
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Schaeffer, George
STREET ADDRESS		6.3 STREET ADDRESS	13034 Saticoy St
CITY-ST-ZIP		6.4 CITY-ST-ZIP	North Hollywood, CA 91605

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

Virgil Lim 8-10-99

818-783-4888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)