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Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36502 (3)

1. Corporation Name
SOUTHERN CARE CORPORATION



Principal Place of Business 2401 PGA BLVD STE 146 PALM BEACH GARDENS FL 33410 US	Mailing Address 2401 PGA BLVD STE 146 PALM BEACH GARDENS FL 33410 US
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3. Date Incorporated or Qualified
11/26/1991

4. FEI Number
75-2270706

Applied For	
Not Applicable	

2. Principal Place of Business 21 2401 PGA BLVD	2a. Mailing Address 26 2401 PGA BLVD.
Suite, Apt. #, etc. 22 # Suite 272	Suite, Apt. #, etc. 27 # Suite 272
City & State 23 Palm Bch Gardens	City & State 28 Palm Beach Gardens
Zip 24 FL 33410	Country 25 US
Country 29 US	Zip 30 33410

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**FAGO, ELIZABETH
2401 PGA BLVD.
STE 146
PALM BEACH GARDEN FL 33410**

10. Name and Address of New Registered Agent

81 Name ROBERT LEE SHAPIRO
82 Street Address (P.O. Box Number is Not Acceptable) 2401 PGA BLVD.
83 SUITE 272
84 City Palm Beach Gardens FL
85 Zip Code 33410

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 617.0505, Florida Statutes.

SIGNATURE **ROBERT LEE SHAPIRO** DATE **2/23/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME FAGO, ELIZABETH	
STREET ADDRESS 2401 PGA BLVD STE 146	
CITY-ST-ZIP PALM BCH GDNS FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME DEE, SHANA	
STREET ADDRESS 2401 PGA BLVD STE 146	
CITY-ST-ZIP PALM BCH GDNS FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME DEITZ, WILLIAM	
STREET ADDRESS 2401 PGA BLVD STE 146	
CITY-ST-ZIP PALM BCH GDNS FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ROSALIE DIETZ # 272	
1.3 STREET ADDRESS 2401 PGA BLVD.	
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME RICHARD B. TWEEDLE	
2.3 STREET ADDRESS 2401 PGA BLVD #	
2.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410	
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Shelia White law	
3.3 STREET ADDRESS 2401 PGA BLVD. # 14	
3.4 CITY-ST-ZIP Palm Beach Gardens, FL	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **ROSALIE DIETZ**

CFR2E037 (10/97)