FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAY -1 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000012155 (6)**

1. Corporate Name
LIFECARE ACQUISITION CORP. OF NEW YORK, INC.

Principal Place of Business
4517 N.W. 31ST AVE.
FT LAUDERDALE FL 33309

Mailing Address
4517 N.W. 31ST AVE.
FT LAUDERDALE FL 33309

ENTER ANY NOTE IN THIS SPACE

3. Date Incorporated / Qualified: 02/10/1993
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business
21 Orchard Ridge Corp Park
22 Fields lane Suite 201
23 Brewster, NY
24 10509 25

2a. Mailing Address
26 Orchard Ridge Corp Park
27 Fields Lane Suite 201
28 Brewster N.Y.
29 10509 30

4. FEI Number: 65-0394781 — Applied For / Not Applicable
5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required
6. Fiscal Year Changed Effective: ☐ $5.00 May Be Added to Fees
8. Does corporation qualify for intangible tax under S. 607.1?: Yes ☒ No

9. Name and Address of Current Registered Agent
CHIRAS, DAVID L
4517 N.W. 31ST AVE.
FT. LAUDERDALE FL 33309

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 Section 607.0505, Florida Statutes, the above named corporation submits the statement of its principal place of business or principal office in the State of Florida. Signature as authorized by the corporation's board of directors. Unless a cover letter accompanies this document, the designated registered agent can forward the acceptance to the address shown in Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALPERT, MICHAEL
STREET ADDRESS	FIELDS LANE,SUITE 201
CITY ST ZIP	BREWSTER NY 10509
TITLE	D
NAME	ALPERT, CRAIG
STREET ADDRESS	FIELDS LANE,SUITE 201
CITY ST ZIP	BREWSTER NY 10509
TITLE	D
NAME	ALPERT, DEAN
STREET ADDRESS	FIELDS LANE,SUITE 201
CITY ST ZIP	BREWSTER NY 10509
TITLE	V
NAME	WEISSMAN, RICHARD
STREET ADDRESS	4517 N..W. 31ST AVE.
CITY ST ZIP	FT. LAUDERDALE FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Add
NAME		
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TITLE	Delete	☒ Change ☐ Add
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY ST ZIP		

14. I hereby certify that the information supplied with this filing, to the best of my knowledge, is true and correct and that I am aware that false information submitted to a state agency may lead to civil or criminal liability. I further certify that the information shown on the 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (if applicable) above with an asterisk.

SIGNATURE: Michael Alpert 4/25/95 914-276-3101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

0210514 CP