

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

1996-19-96 B-

2403 C

DOCUMENT # P93000055710 (6)

1. Corporation Name

THERACARE OF SOUTH FLORIDA, INC.

Principal Place of Business

9200 S DADELAND BLVD  
SUITE 405  
MIAMI FL 33156

Mailing Address

9200 S DADELAND BLVD  
SUITE 405  
MIAMI FL 33156



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

04/03/1995

4. FEI Number

65-0427581

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

g. Name and Address of Current Registered Agent

MANTEL, DEBRA D  
9200 S DADELAND BLVD  
SUITE 405  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

Jerrold I. Horwitz, C.P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

9200 S. Dadeland Blvd.

83

Suite 405

84 City

Miami

FL

85 Zip Code

33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Jerrold I. Horwitz, C.P.A.

Signature, typed or printed name of registered agent and the filing date

(NOTE: If the agent has a new address, it must be included in Block 10.)

2/24/96

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
MANTEL, DEBRA D  
5730 SW 186 AVE  
FT LAUDERDALE FL 33331

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP

9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY-ST-ZIP

13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY-ST-ZIP

17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY-ST-ZIP

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP

25. TITLE  
26. NAME  
27. STREET ADDRESS  
28. CITY-ST-ZIP

Treasurer  
Jerrold I. Horwitz  
12825 S.W. 69 Court  
Miami, FL 33156

☐ Change ☐ Addition

☐ Change ☒ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debra D. Mantel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X2-29-96 X1-800-777-0952

DATE

Display Phone #

CR2E034 (12/95)