

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000055710 (6)

1. Corporation Name
THERACARE OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

~~6200 S DADELAND BLVD~~
~~SUITE 405~~
~~MIAMI FL 33156~~

~~6200 S DADELAND BLVD~~
~~SUITE 405~~
~~MIAMI FL 33156~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5900 S.W. 73 STREET

Suite, Apt. #, etc.

22 #205

City & State

23 SOUTH MIAMI

Zip

24 33143-5161

Country

25 USA

2a. Mailing Address

26 5900 S.W. 73 STREET

Suite, Apt. #, etc.

27 #205

City & State

28 SOUTH MIAMI

Zip

29 33143-5161

Country

30 USA

3. Date Incorporated or Qualified

08/09/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HORWITZ, JERROLD I~~
~~6200 S DADELAND BLVD~~
~~SUITE 405~~
~~MIAMI FL 33156~~

81 Name

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

83 5900 S.W. 73 STREET

84 SUITE 205

85 City SOUTH MIAMI

FL

86 Zip Code 33143-5161

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

Signature: Typed or printed name of registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
MANTEL, DEBRA D
5730 SW 166 AVE
FT LAUDERDALE FL 33331

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
HORWITZ, JERROLD I
12825 S.W. 69 COURT
MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

[Signature]

[Signature]

CR2E034 (10/97)