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 MAR 16 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000069293 (7)

1. Corporation Name
LEVITT CARE I CORPORATION

Principal Place of Business	Mailing Address
7777 GLADES RD. SUITE 410 BOCA RATON FL 33434	7777 GLADES RD. SUITE 410 BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/29/1993
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0440882 ☐ 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

9. Name and Address of Current Registered Agent

HOYOS, JEFFREY
C/O LEVITT HOMES
7777 GLALDES ROAD, SUITE 410
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name: Jeffery Hoyos c/o Levitt Homes Inc
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☒ Change ☐ Addition
NAME	RAFOFSKY, HARVEY P	1.2 NAME		
STREET ADDRESS	7777 GLADES RD., SUITE 410	1.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	BOCA RATON FL 33434	1.4 CITY-ST-ZIP		
TITLE	DCV	2.1 TITLE	D/P	☒ Change ☐ Addition
NAME	WIENER, ELLIOTT M	2.2 NAME		
STREET ADDRESS	7777 GLADES RD., SUITE 410	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33434	2.4 CITY-ST-ZIP		
TITLE	VCTS	3.1 TITLE	D/V/T/AS	☒ Change ☐ Addition
NAME	HOYOS, JEFFERY	3.2 NAME		
STREET ADDRESS	7777 GLADES RD., SUITE 410	3.3. STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33434	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	D/V/S	☒ Change ☐ Addition
NAME	WEST, ALFRED G	4.2 NAME		
STREET ADDRESS	7777 GLADES RD., SUITE 410	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33434	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☒ Change ☐ Addition
NAME	POMPEO, MARY JO	5.2 NAME		
STREET ADDRESS	7777 GLADES RD., SUITE 410	5.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	BOCA RATON FL 33434	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	EHLERS, JANICE R	6.2 NAME		
STREET ADDRESS	7777 GLADES RD., SUITE 410	6.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	BOCA RATON FL 33434	6.4 CITY-ST-ZIP		

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)(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: Jeffery Hoyos VP Finance 3-10-95 407-483-5100
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0262446 CP