

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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000058678 (1)

1. Corporation Name
POST HEALTHCARE, INC.



Principal Place of Business

4620 W. COMMERCIAL BLVD
SUITE 9
TAMARAC FL 33319
US

Mailing Address

4620 W. COMMERCIAL BLVD.
SUITE 9
TAMARAC FL 33319-3308
US

3. Date Incorporated or Qualified
08/08/1994

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

21 3939 S. CONGRESS AVE

2a. Mailing Address

26 8751 W BROWARD

Suite, Apt #, etc.

Suite, Apt #, etc.

22 101

27 100

City & State

City & State

23 LAKE WORTH FL

28 PLANTATION

Zip

Country

Zip

Country

24 33461

25 USA

29 FL

30 33324

4. FEI Number

65-0515462

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

10. Name and Address of New Registered Agent

SCHNEIDER, LAZ L
100 NE THIRD AVE
SUITE 400
FT LAUDERDALE FL 33301

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 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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME SCHULAM, SOL
STREET ADDRESS 4620 W. COMMERCIAL BLVD. SUITE 9
CITY- ST- ZIP TAMARAC FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 8751 W BROWARD BLVD STE 100
1.4 CITY- ST- ZIP PLANTATION FL 33324

☒ Change ☐ Addition

TITLE DTS
NAME MALONEY, JACK
STREET ADDRESS 4620 W. COMMERCIAL BLVD. SUITE 9
CITY- ST- ZIP TAMARAC FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 8751 W BROWARD BLVD STE 100
2.4 CITY- ST- ZIP PLANTATION FL 33324

☒ Change ☐ Addition

TITLE VP
NAME ZARRILLI, DIANE
STREET ADDRESS 4620 W. COMMERCIAL BLVD. SUITE 9
CITY- ST- ZIP TAMARAC FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 8751 W BROWARD BLVD STE 100
3.4 CITY- ST- ZIP PLANTATION FL 33324

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/97

954-382-0300

Date

Daytime Phone #

CR2E034 (9/96)