

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000023246 (8)**

1. Corporation Name

**21ST CENTURY HEALTHCARE FUND, INC.**



Principal Place of Business

Mailing Address

**6505 ROCKSIDE ROAD  
SUITE 400  
INDEPENDENCE OH 44131**

**6505 ROCKSIDE ROAD  
SUITE 400  
INDEPENDENCE OH 44131**

3. Date Incorporated or Qualified

**03/21/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 **476 Foley + Gardner**

4. FEI Number

**Applied For**

Applied For  
 Not Applicable

22 City & State

27 **100 North Tampa \*2700**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 Zip

Country

28 **Tampa FL**

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24

25

29 **33601**

30 **USA**

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

**TRABER, MARTIN A  
100 NORTH TAMPA STREET  
SUITE 2700  
TAMPA FL 33602**

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 of the principal place of business agent (required if applicable)

(NOTE: Registered Agent signature required when not a director)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	TANEJA, JUGAL K	6505 ROCKSIDE ROAD, SUITE 400	INDEPENDENCE OH 44131	<input type="checkbox"/>
D	WILLIS, ANTHONY	6505 ROCKSIDE ROAD, SUITE 400	INDEPENDENCE OH 44131	<input checked="" type="checkbox"/>
D	WITHERINGTON, JAMES P	6505 ROCKSIDE ROAD, SUITE 400	INDEPENDENCE OH 44131	<input checked="" type="checkbox"/>
D	ROSE, DANIEL	6505 ROCKSIDE ROAD, SUITE 400	INDEPENDENCE OH 44131	<input checked="" type="checkbox"/>
D	STUPAY, ARTHUR M	6505 ROCKSIDE ROAD, SUITE 400	INDEPENDENCE OH 44131	<input checked="" type="checkbox"/>
D	CARMICHAEL, SUSAN	6505 ROCKSIDE ROAD, SUITE 400	INDEPENDENCE OH 44131	<input checked="" type="checkbox"/>

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printed Name

CR2E034 (3/96)