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Mar 26 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 # P96000010605 (9)

1. Corporation Name
ARENA HEALTHCARE, INC.



Principal Place of Business Mailing Address
~~21346 SAINT ANDREWS BOULEVARD, SUITE 160~~ ~~21346 SAINT ANDREWS BOULEVARD, SUITE 160~~
~~BOCA RATON FL 33433~~ ~~BOCA RATON FL 33433~~
7387 Davie Road Extension 7387 Davie Road Extension
Davie, FL 33317 Davie, FL 33317

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number	Applied For
22 City & State	27 City & State	5. Certificate of Status Desired	Not Applicable
23 Zip	28 Zip	6. Election Campaign Financing	\$8.75 Additional Fee Required
24 Country	30 Country	7. Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name Jeffrey S. Tanen, Goldstein & Tanen, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 2 S. Biscayne Boulevard, Suite 3250 83 84 City Miami FL 85 Zip Code 33131

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]* DATE 3/17/97

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COHEN, RICHARD H	S/D COHEN, RICHARD H.
STREET ADDRESS 21346 SAINT ANDREWS BOULEVARD, SUITE 160	7387 Davie Road Extension
CITY-ST-ZIP BOCA RATON FL 33433	Davie, FL 33317
2.1 TITLE <input type="checkbox"/> DELETE	P/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SENN, ROBERT	SENN, ROBERT
STREET ADDRESS 7387 Davie Road Extension	7387 Davie Road Extension
CITY-ST-ZIP Davie, FL 33317	Davie, FL 33317
3.1 TITLE <input type="checkbox"/> DELETE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEE, ROBERT	LEE, ROBERT
STREET ADDRESS 7387 Davie Road Extension	7387 Davie Road Extension
CITY-ST-ZIP Davie, FL 33317	Davie, FL 33317
4.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 03/07/97 954 454 4699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)