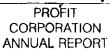
SECOND NOTICE: CORPORATION WILL AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (I

ISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
SOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)



1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000046502 (6)

LIFECARE MERGER CORP.

FILED 97 SEP 23 AM 10: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address				r tanninne ifa ratin allit aufte Abile	taisi adiil Gibia bilāi Gilii Bāli	18 1191 (891	
4517 N.W. 318T AVENUE							
FORT LAUDERDALE FL 93309 FORT LAUDERDALE FL 33309			99	DO NOT WRI	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		eport	
				05/31/1996	i	1	
2. Principal P	lace of Business	2a. Mailing Address	· 1	4. FEI Number	Ap	plied For	
21 621	NW 53rd St	26 LON NW 53	ird St	65-0056186	No	t Applicable	
Sulte, Apt. #, etc. Sulte, Apt. #, etc.			<i>(</i>	5. Certificate of Status Desired	\$8.75		
22 Suite 490 27 Suite 450			150	G. Commodic of Olding Degree	Fee Re	quired	
23 DOCA RITON FL 28 BOCA RATON			ON FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 Added t		
Zip 22 I	1607 - 99unity R. I	7p221107	↑ B. This corporation owes or has	paid the current year Into	angible		
24 33481 25 Talm Deach 29 33481 30 Falm Beach Personal Properly Tax due June 30. Yes No						No	
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New I	legistered Agent		
MANMAD, LILLANIA							
1221 BRICKELL AVENUE 82 Street Addr				Idress (P.O. Box Number is Not Accept	able)		
SUITE 2100 B3 A				NO SSIM SMORT			
MIA	VMI FL 33131		l°°  Suit.	e 450			
			84 City	0 1	85 Zip (	Code	
44 Durayant	to the providing of Continue CO7 Of CO	and Otto Fee I had Natives	Doca	Laton	FL ["] 33	48/	
office or r	registered agent, or both, in the State of	THorida, Such change was aut	horized by the chirpor	ration's board of directors. I hereby acc	ept the appointment as	registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floada 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 gripporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the ordinates of Section 607.0505, Elorida Statutes.							
SIGNATURE Signature, typind a project of registered agent and six if applicable (NOTE: Registered Agent signature required when reinstaing)  DATE							
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		S IN 12	
TITLE	0	X DELETE	1.1 THLE		Change	Addition &	
NAME	WEISSMAN, MICHAEL	,	1.2 NAME			*	
STREET ADDRESS	-4317 N.W. 31ST AVENUE		1.3 STREET ADDRESS			[8	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		1,4 CITY-ST-7/P			] [	
TITLE	D	☐ DECETE	2.1 TITLE	>	Change	Addition C	
NAME	WEISSMAN, RICHARD S		2 2 NAME	veissmen, hichard	1 S		
STREET ADDRESS	4517 N.W. 31ST AVENUE		2.3 STREET ADDRESS	GAI NOU SOM STYLLE	ty 20178 420		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		2 4 CITY-ST-ZIP	veissmen, hichard 621 NW SBrd Stree Boca Radon, FL 33	<u>,487</u>		
TITLE		☐ DELETE	3.1 TITLE	•	Change	Addition (	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. C(1)Y - ST - Z(P				
TITLE		☐ DELETE	4.1 THE		[] Change	L Addition	
NAME			4. 2 NAME			1	
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		Decem	4.4 CITY - ST - ZIP				
TIFLE	•	☐ DELETE	5.1 TITLE		☐ <del>Cha</del> nge	Addition	
NAME		;	5 2 NAMF				
STREET ADDRESS			5.3 STREET ADDRESS	•			
CITY-ST-ZIP		britte	5.4 CiTY-S1-ZiP			Addie	
TITLE		☐ DELFTE	6.1 TillE		Change	Addition	
NAME			6.2 NAME	Mr. Land.	6	İ	
STREET ADDRESS			6.3 STREET ADDRESS	Kdon IAVI Illoidi	タフ		
CITY-ST-ZIP	by certify that the information supplied	with this filing does not qualify t	or the exemption stat	ed in Section 119 07(3)(i) Florida Stati	tes. I further cortify that t	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 eath; that I am an officer or director of the corporation or the receiver entrance employered 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. (EV 1) 001/ 1221