

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1997 & 1998 REINSTATEMENT

DOCUMENT # P96000103611  
1. Corporation Name

**CARMA HEALTH CARE, INC.**

Principal Place of Business

Mailing Address

**9300 N.W. 35TH PLACE  
SUNRISE, FL 33351**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/27/96**

4. FEI Number

**65-0717495**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 1424 SOUTH POWERLINE**

Suite, Apt. #, etc.

**22**

City & State

**23 POMPANO BEACH, FL**

Zip Country

**24 33069 25 USA**

2a. Mailing Address

**26 1424 SOUTH POWERLINE RD.**

Suite, Apt. #, etc.

**27**

City & State

**28 POMPANO BEACH, FL**

Zip Country

**29 33069 30 U.S.A.**

9. Name and Address of Current Registered Agent

**GREGORY J. BLODIG, ESQ.  
GREENSPOON, MARDER ET AL  
100 WEST CYPRESS CREEK RD., STE. 700  
FT. LAUDERDALE, FL 33309**

10. Name and Address of New Registered Agent

**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 **See Attached**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **CAROL RAKOFF**  
STREET ADDRESS **9300 N.W. 35TH PLACE**  
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ Change ☐ Addition

NAME **CAROL RAKOFF**  
STREET ADDRESS **1424 SOUTH POWERLINE RD.**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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: **Carol Rakoff**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/98

Date

Daytime Phone #

CR2E034 (1097)

FILED

38 MAR 25 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

97-98

SC 3-26-98

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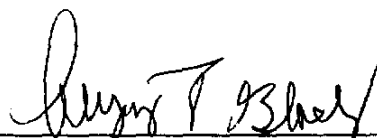
CERTIFICATE DESIGNATING PLACE OF REGISTERED OFFICE  
OR DOMICILE FOR SERVICE OF PROCESS WITHIN THIS STATE  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

\*\*\*\*\*

Pursuant to Sections 48.091 and 607.0501 of the Florida Statutes, Carna Helath Care, Inc., desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Incorporation, has named GREGORY J. BLODIG as Registered Agent, who may be served at the registered office located at 100 West Cypress Creek Road, Suite 700, in the City of Fort Lauderdale, County of Broward, State of Florida, as its Agent to accept service of process within this State.

Having been named to accept service of process for the above stated Corporation, at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provisions relative to keeping open said office.

By:

  
\_\_\_\_\_  
GREGORY J. BLODIG,  
Registered Agent