

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90019 012 \*\*\*150.00

DOCUMENT # P96000103611

1. Corporation Name

CARMA HEALTH CARE, INC.

Principal Place of Business

1424 SOUTH POWERLINE RD  
POMPANO BEACH FL 33069

Mailing Address

1424 SOUTH POWERLINE RD  
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1996

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

CAROL RAKOFF

82 Street Address (P.O. Box Number is Not Acceptable)

83 1424 S. Powerline Rd.

84 City Pompano Beach

FL

85 Zip Code

33069

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 *Carol Rakoff* CAROL RAKOFF President

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

(NOTE: Registered Agent signature required when reinstating)

1/5/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Carol Rakoff* CAROL RAKOFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 954-973-7070

Date

Daytime Phone #

CR2E034 (1/98)