


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

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90001 031 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P98000022998</u>			
Corporation Name <u>Fundamental Care, Inc.</u>			
Principal Place of Business <u>1880 NE 163rd St</u> <u>N. Miami Beach FL</u> <u>33162</u>		Mailing Address <u>SAME</u>	
Principal Place of Business <u>1880 NE 163rd St</u>		2a. Mailing Address <u>Same</u>	
Suite, Apt. #, etc.		2b. Suite, Apt. #, etc. <u>Same</u>	
City & State <u>N. Miami Beach FL</u>		City & State <u>Same</u>	
Zip <u>33162</u> Country <u>USA</u>		Zip <u>33162</u> Country <u>USA</u>	
9. Name and Address of Current Registered Agent <u>John YancheK</u> <u>1515 Ringling Blvd #800</u> <u>Sarasota, FL 34236</u>		10. Name and Address of New Registered Agent <u>Jacob Fishman</u> <u>1455 NW 14th St</u> <u>Miami FL 33125</u>	
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 <u>Robert Rosen</u> (NOTE: Registered Agent signature required when reinstating)			
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <u>PSTD</u> <input checked="" type="checkbox"/> DELETE		1.1 TITLE <u>President</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME <u>Price, Bart</u>		1.2 NAME <u>Ronnie Abrams Rosen</u>	
1.3 STREET ADDRESS <u>1515 Ringling Blvd #800</u>		1.3 STREET ADDRESS <u>1880 NE 163rd St</u>	
1.4 CITY-ST-ZIP <u>Sarasota, FL 34236</u>		1.4 CITY-ST-ZIP <u>N Miami Beach FL 33162</u>	
2.1 TITLE <u>VP</u> <input checked="" type="checkbox"/> DELETE		2.1 TITLE <u>Vice President</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME <u>Price, Bart</u>		2.2 NAME <u>Lois Goucouich</u>	
2.3 STREET ADDRESS <u>1515 Ringling Blvd #800</u>		2.3 STREET ADDRESS <u>2031 NE 196th Terrace</u>	
2.4 CITY-ST-ZIP <u>Sarasota, FL 34236</u>		2.4 CITY-ST-ZIP <u>N Miami Beach FL 33179</u>	
3.1 TITLE <input type="checkbox"/> DELETE		3.1 TITLE <u>Secretary</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME		3.2 NAME <u>Robert Rosen</u>	
3.3 STREET ADDRESS		3.3 STREET ADDRESS <u>1880 NE 163rd St</u>	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP <u>N Miami Beach FL 33162</u>	
4.1 TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 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:

Robert Rosen Robert Rosen - Sec'y 9/3/99 305-949-2401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/91)