

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90221 015 ***150.00

DOCUMENT # **V31982**

1. Corporation Name

STAR MULTI CARE SERVICES OF FLORIDA, INC.

Principal Place of Business

14750 N.W. 77TH COURT
MIAMI LAKES FL 33016

Mailing Address

33 WALT WHITMAN ROAD
SUITE 302
HUNTINGTON STATION NY 11746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1992

4. FEI Number

65-0336329

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

21 **2514 Hollywood Blvd.**

2a. Mailing Address

26 **33 WALT WHITMAN ROAD**

Suite, Apt. #, etc.

22 **Suite 300**

Suite, Apt. #, etc.

27 **City & State**

City & State

23 **Hollywood, FL**

Zip

24 **33020**

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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 **PD** ☐ DELETE
NAME **STERNBACH, STEVEN**
STREET ADDRESS **33 WALT WHITMAN ROAD, SUITE 302**
CITY-ST-ZIP **HUNTINGTON STATION NY 11746**

TITLE **VPS** ☒ DELETE
NAME **FELLERMAN, WILLIAM**
STREET ADDRESS **33 WALT WHITMAN ROAD, SUITE 302**
CITY-ST-ZIP **HUNTINGTON STATION NY 11746**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PC** ☒ Change ☐ Addition
1.2 NAME **Stephen Sternbach**
1.3 STREET ADDRESS **33 Walt Whitman Rd., Suite 302**
1.4 CITY-ST-ZIP **Huntington Sta., NY 11746**

2.1 TITLE **VS** ☐ Change ☒ Addition
2.2 NAME **Gregory Turchan**
2.3 STREET ADDRESS **33 Walt Whitman Rd., Suite 302**
2.4 CITY-ST-ZIP **Huntington Sta., NY 11746**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/22/99

(516) 423-6688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0005771