

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V53634** (4)

1. Corporation Name

**AMERICARE HEALTH CARE SERVICES OF PALM BEACH, IN C.**

Principal Place of Business

**20 N.W. 181 ST.  
MIAMI FL 33169**

Mailing Address

**20 N.W. 181 ST.  
MIAMI FL 33169**



<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> 07/23/1992		<b>3a. Date of Last Report</b> 04/04/1995	
<b>21</b>	Suite, Apt. #, etc.	<b>26</b>	Suite, Apt. #, etc.	<b>4. FEI Number</b> 65-0346660		Applied For Not Applicable	
<b>22</b>	City & State	<b>27</b>	City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>23</b>	Zip	<b>28</b>	City & State	<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>24</b>	Country	<b>29</b>	Zip	<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>			
<b>D'ANGELO, DR. JOSEPH P. 20 N.W. 181 ST. MIAMI FL 33169</b>				<b>81</b>	Name		
				<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)		
				<b>83</b>			
				<b>84</b>	City	<b>85</b>	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

<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HEICHBERGER, MARGARET</b>			1.2 NAME			
STREET ADDRESS	<b>20 N.W. 181 ST.</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>D'ANGELO, DR JOSEPH P</b>			2.2 NAME			
STREET ADDRESS	<b>20 NW 181 ST</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

**14.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Margaret M Heichberger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

305-770-1141

Daytime Phone #

CP2E034 (12/95)