## Edgar Filing: ANENBERG VICKIE - Form 4

ANENBERG	G VICKIE											
Form 4												
August 18, 2	010											
<b>FORM</b>	14		~ ~ ~ ~ ~ ~ ~							PPROVAL		
	• • UNITED S	STATES					NGE (	COMMISSION		3235-0287		
Check th	is box		Was	hington,	D.C. 20	549			Number:			
if no long	ter			CEC DI					Expires:	January 31, 2005		
subject to	)	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Estimated a	Estimated average		
Section 1 Form 4 o		SECURITIES							burden hours per			
Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5		
obligation	na *						-	f 1935 or Sectio	'n			
may cont	inue.		of the In	•	•	· ·			11			
See Instru 1(b).	lction	50(11)	, or the m	ostinent	compun	<i>y</i> 1100	. 01 17					
(Print or Type I	Responses)											
	ddress of Reporting I	Person <sup>*</sup>		uer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to				
ANENBERG VICKIE Syn								Issuer				
				COUNT				(Check all applicable)				
			HEALT	HCARE	INC [CC	RNJ			11	/		
(Last)	(First) (N	liddle)	3. Date of	Earliest Tr	ansaction			Director		Owner		
		-	(Month/D	-				below)	title <u>X</u> Oth below)	er (specify		
	OF COMMERC	E	08/18/20	010				Fo	ormer Officer			
BLVD., N.V	Ν.											
(Street) 4. If Amer			mendment, Date Original				6. Individual or Joint/Group Filing(Check					
Filed(Mon				th/Day/Year	)			Applicable Line) _X_ Form filed by One Reporting Person				
	ON EL 22497								More than One Re			
DUCA KAI	ON, FL 33487							Person				
(City)	(State) (	(Zip)	Table	e I - Non-D	erivative	Securi	ties Acc	uired, Disposed o	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	2A. Dee	emed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)		on Date, if	Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)				Securities	Form: Direct			
(Instr. 3)		any (Month)	/Day/Year)					2	· /	Beneficial Ownership		
		(INIOIIIII)	Day/Tear)	(1130.0)	(1130. 5,	- and	5)	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) $(Instr. 3 and 4)$				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	08/18/2010			S	2,275	D	\$	41,927	D			
Stock				-	_,_,_		8.35	-,				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
ANENBERG VICKIE 6551 PARK OF COMMERC BOCA RATON, FL 33487	CE BLVD., N.W.				Former Officer			
Signatures								
/s/ Vickie Anenberg	08/18/2010							

\*\*Signature of **Reporting Person**  Date

## **Explanation of Responses:**

If the form is filed by more than one reporting person, *see* Instruction 4(b)(v). \*

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.