FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



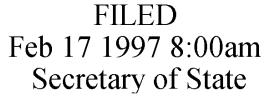
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

751965



1. Corporation	MENT # 751969 IMER'S DISEASE AND REL BROWARD COUNTY CHAP	ATED DISORDERS AS	SOCI		
Principal Place of Business Mailing Address					
8333 W MCNAE TAMARAC FL 3		8333 W MCNAB RD. TAMARAC FL 33321-3203			
				3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number Applied For 59-2008883 Not Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22				Fee Required	
*******	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Z ip	Country	28 Zip	Country	Trust Fund Contribution LJ Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30	Florida Statutes Yes No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
			81 Name		
	R. MEEHAN		82 Street	Address (P.O. Box Number is Not Acceptable)	
	8333 W MCNAB RD #210				
TAMARA	NC FL 33321		83		
			84 City	FL 85 Zip Code	
11 Dureuant	to the provisions of Sections 617.050	12 and 617 1508 Florida Statut	es the shove-named	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE		D DIRECTORS	E: Registered Agent signature 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE	Change Additio	
NAME	REGAN-DEY, KATHIE		1.2 NAME		
STREET ADDRESS	5599 NASSAU DR		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BOCA RATON FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		
NAME	GOREN, NATHAN	Occ./2	2.2 NAME	D D Production	
STREET ADDRESS	6383 BAYCLUB DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	<u></u>	
TITLE	₽ D	DELETE	3.1 TITLE	D X Change Addition	
NAME	YABROW, MOLLIE		3.2 NAME		
STREET ADDRESS	10320 NW 48TH CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		3.4. CITY-ST-ZIP		
TITLE	BIOLIADO DICOMINO	☐ DELETE	4,1 TITLE	P X Change Addition	
NAME	RICHARD TYSON MD		4.2 NAME	6901 E Cypnaschaad Dy	
STREET ADDRESS	9000 W SAMPLE ROAD CORAL SPRINGS FL		4.3 STREET ADDRESS	6801 E. Cypresshead Dr. Parkland, FL	
CITY-ST-ZIP TITLE	CONAL OF MINOS TE-	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition	
NAME		Last passent	5.2 NAME	Lim Annual Tribunia	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHTY-ST-7IP			6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appear of the corporation of the corp

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Tyson, MD 1/28/97 (954)753-1166