

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

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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 AUG 11 AM 10:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000079551
1. Corporation Name

ADVANCED HEALTH CARE FACILITIES MANAGEMENT, INC.

Principal Place of Business: **2415 N. 20th AVENUE HOLLYWOOD, FL 33020**
Mailing Address: **C/O HMPD 16100 N.E. 16th AVENUE, STE B NORTH MIAMI BEACH, FL 33162**

3. Date Incorporated or Qualified: **9/25/96** 3a. Date of Last Report
4. FEI Number: **65-0758650** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**G. MARK SHALLOWAY ESQ.
SHALLOWAY & SHALLOWAY, PA
THE FORUM - MIDDLE TOWER, PENTHOUSE, SUITE 1003
1665 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33401**

81 Name: **Sidney Rosenblatt**
82 Street Address (P.O. Box Number is Not Acceptable): **2415 N. 20th Avenue**
83 City: **Hollywood, FL 33020**
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.108, 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]* DATE: **7/15/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	SIDNEY ROSENBLATT	
STREET ADDRESS	2415 N. 20TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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******165.00 ****165.00**

14. I do 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.

SIGNATURE: *[Signature]* DATE: **7/15/97** 501 949 1775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

(2)

HIXSON, MARIN, POWELL & De SANCTIS, P.A. CERTIFIED PUBLIC ACCOUNTANTS

DAVID L. HIXSON, C.P.A. • RAYMOND F. MARIN, C.P.A. • DONALD F. POWELL, C.P.A. • PETER V. De SANCTIS, C.P.A.

18100 N. E. 18th AVENUE, SUITE B
NORTH MIAMI BEACH, FL 33162
DADE: (305) 944-7001
BROWARD: (954) 920-1311
FAX: (305) 944-6637

3300 PGA BOULEVARD
GARDENS PLAZA, SUITE 810
PALM BEACH GARDENS, FL 33410
TEL: (561) 624-5700
FAX: (561) 624-5702

RESPOND TO:

RESPOND TO:

July 15, 1997

Annual Reports Filings
Division of Corporations
Post Office Box 6327
Tallahassee Fl 32314

RE: Advanced Health Care Facilities Management, Inc.
Annual Report

Gentlemen:

Advance Health Care Facilities Management, Inc. has recently become a client of ours. We discovered that they had not filed the Annual Report for 1997 during our engagement conference. Mr. Sidney Rosenblatt has assured us that he had not received an Annual Report form and, since this is the first year the corporation is filing, we respectfully request that you would allow them to pay the basic fee of \$165 rather than the late filing fee.

We would appreciate anything you can do in this matter.

Very truly yours,



Donald F. Powell
DFP:nm