FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F84813** **(7)**

1. Corporation Name

NORTH RIDGE V.A. CENTER, INC.

Principal Place of Business	Mailing Address
8701 SW 137TH AVE #300 MIAMI FL 33183 US	8701 SW 137TH AVE #300 MIAMI FL 33183 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 06/10/1982
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2086112 ☐ 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

9. Name and Address of Current Registered Agent

MUDD, JOHN
8701 SW 137TH AVE
#300
MIAMI FL 33183

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 607.1503, 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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	HANTMAN, ARNOLD		1 2 NAME		
STREET ADDRESS	8701 SW 137TH AVE #300		1 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2 1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	WIENER, A. B.		2 2 NAME		
STREET ADDRESS	8701 SW 137TH AVE		2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2 4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3 1 TITLE	VP/D	☒ Change ☐ Addition
NAME	MUDD, JOHN		3 2 NAME		
STREET ADDRESS	8701 SW 137TH AVE #300		3 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3 4 CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE	P/D	☒ Change ☐ Addition
NAME			4 2 NAME	Paul Schaefer	
STREET ADDRESS			4 3 STREET ADDRESS	8701 S.W. 137th Ave., #300	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	Miami, Fl 33183	
TITLE		☐ DELETE	5 1 TITLE	AS	☐ Change ☒ Addition
NAME			5 2 NAME	Elda Miranda	
STREET ADDRESS			5 3 STREET ADDRESS	8701 S.W. 137th Ave., #300	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	Miami, FL 33183	
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ 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: John Mudd 3/28/96 (305) 383-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)