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FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

8701 SW 137TH AVE  
#300  
MIAMI FL 33183  
US

Mailing Address

8701 SW 137TH AVE  
#300  
MIAMI FL 33183-4498  
US

3. Date Incorporated or Qualified  
06/10/1982

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 11880 Bird Road

Suite, Apt. #, etc.

22 #201

City & State

23 Miami, FL

Zip

24 33175

Country

25 USA

2a. Mailing Address

26 11880 Bird Road

Suite, Apt. #, etc.

27 #201

City & State

28 Miami, FL

Zip

29 33175

Country

30 USA

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

John Mudd

82 Street Address (P.O. Box Number is Not Acceptable)

11880 Bird Road

83

#201

84 City

Miami

FL

85 Zip Code

33175

11. Pursuant to the provisions of Sections 607.052 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.

John Mudd

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD  
NAME SCHAEFER, PAUL  
STREET ADDRESS 8701 SW 137TH AVE, #300  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

STD  
NAME WIENER, A. B.  
STREET ADDRESS 8701 SW 137TH AVE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

VPD  
NAME MUDD, JOHN  
STREET ADDRESS 8701 SW 137TH AVE #300  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

AS  
NAME MIRANDA, ELDA  
STREET ADDRESS 8701 SW 137TH AVE, #300  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 11880 Bird Road, #201  
1.4 CITY-ST-ZIP Miami, FL 33175

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 11880 Bird Road, #201  
2.4 CITY-ST-ZIP Miami, FL 33175

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 11880 Bird Road, #201  
3.4 CITY-ST-ZIP Miami, FL 33175

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 11880 Bird Road, #201  
4.4 CITY-ST-ZIP Miami, FL 33175

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 registered agent 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 as an attachment with an address.

SIGNATURE

305-229-3940

CR2E034 (9/96)