

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005360 (1)

1. Corporation Name

BOSLEY MEDICAL INSTITUTE, INC.



Principal Place of Business

Mailing Address

8447 WILSHIRE BLVD., STE. 400
BEVERLY HILLS CA 90211

8447 WILSHIRE BLVD., STE. 400
BEVERLY HILLS CA 90211

3. Date Incorporated or Qualified
11/02/1995

3a. Date of Last Report

2. Principal Place of Business

21 9100 Wilshire Blvd.

Suite, Apt. #, etc.

22 East Tower Penthouse

City & State

23 Beverly Hills CA

Zip 90212

Country USA

2a. Mailing Address

26 9100 Wilshire Blvd.,

Suite, Apt. #, etc.

27 East Tower Penthouse

City & State

28 Beverly Hills CA

Zip 90212

Country USA

4. FEI Number

95-4233663

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. 199.03?
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1508, 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.

SIGNATURE

Signature (typed or printed name of registered agent and title on duplicate)

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE CT ☐ DELETE
NAME BOSLEY, L. LEE
STREET ADDRESS 8447 WILSHIRE BLVD., PENTHOUSE
CITY-ST-ZIP BEVERLY HILLS CA 90211

TITLE P ☐ DELETE
NAME OHANESIAN, JOHN R
STREET ADDRESS 8447 WILSHIRE BLVD., STE. 400
CITY-ST-ZIP BEVERLY HILLS CA 90211

TITLE S ☐ DELETE
NAME BOSLEY, SANDRA N
STREET ADDRESS 8447 WILSHIRE BLVD., STE. 400
CITY-ST-ZIP BEVERLY HILLS CA 90211

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 9100 Wilshire Blvd., East Tower Penthouse
14 CITY-ST-ZIP Beverly Hills CA 90212

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS 9100 Wilshire Blvd., East Tower Penthouse
24 CITY-ST-ZIP Beverly Hills CA 90212

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS 9100 Wilshire Blvd., East Tower Penthouse
34 CITY-ST-ZIP Beverly Hills CA 90212

41 TITLE ☐ Change ☒ Addition
42 NAME CFO
43 STREET ADDRESS David A. Katz
44 CITY-ST-ZIP 9100 Wilshire Blvd., East Tower Penthouse
Beverly Hills CA 90212

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/96

43 651-4444

CR2E034 (3/96)