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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 12 1997 8:00am  
Secretary of State

DOCUMENT # F95000005360 (1)

1. Corporation Name

BOSLEY MEDICAL INSTITUTE, INC.



Principal Place of Business

9100 WILSHIRE BLVD  
BEVERLY HILLS CA 90212  
US

Mailing Address

9100 WILSHIRE BLVD  
BEVERLY HILLS CA 90212-3415  
US

3. Date Incorporated or Qualified

11/02/1995

3a. Date of Last Report

06/18/1996

2. Principal Place of Business

2a. Mailing Address

21 9100 Wilshire Blvd.

25 9100 Wilshire Blvd.

4. FEI Number

95-4233663

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 East Tower Penthouse

27 East Tower Penthouse

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Beverly Hills CA

28 Beverly Hills, CA

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 90212

25 USA

29 90212

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CT  
NAME BOSLEY, L. LEE  
STREET ADDRESS 9100 WILSHIRE BLVD EAST TOWER PENTHOUSE  
CITY-ST-ZIP BEVERLY HILLS CA

1.1 TITLE CEO  
1.2 NAME L. Lee Bosley, M.D.  
1.3 STREET ADDRESS 9100 Wilshire Blvd., East Tower Penthouse  
1.4 CITY-ST-ZIP Beverly Hills, CA 90212

TITLE P  
NAME OHANESIAN, JOHN R  
STREET ADDRESS 9100 WILSHIRE BLVD. EAST TOWER PENTHOUSE  
CITY-ST-ZIP BEVERLY HILLS CA

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S  
NAME BOSLEY, SANDRA N  
STREET ADDRESS 9100 WILSHIRE BLVD., EAST TOWER PENTHOUSE  
CITY-ST-ZIP BEVERLY HILLS CA

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE CFO  
NAME KATZ, DAVID A  
STREET ADDRESS 9100 WILSHIRE BLVD., EAST TOWER PENTHOUSE  
CITY-ST-ZIP BEVERLY HILL CA

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0602476

CR2E034 (9/96)