

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # H25157

1. Entity Name

BOULEVARD RADIATOR HOSPITAL, INC.



Principal Place of Business

% HARVEY BERNSTEIN
6740 PINES BLVD.
PEMBROKE PINES FL 33024-7544

Mailing Address

% HARVEY BERNSTEIN
6740 PINES BLVD.
PEMBROKE PINES FL 33024-7544

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2504065

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

BERNSTEIN, RICK
6740 PINES BLVD
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME BERNSTEIN, BARBARA
STREET ADDRESS 6740 PINES BLVD.
CITY-ST-ZIP PEMBROKE PINES FL

TITLE D
NAME BERNSTEIN, RICK
STREET ADDRESS 6740 PINES BLVD.
CITY-ST-ZIP PEMBROKE PINES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04

954 981-5000

Date

Daytime Phone #