

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 # H60502 (2)

1. Corporation Name

HALLMARK MEDICAL CENTER, INC.

Principal Place of Business

3800 SOUTH OCEAN DRIVE  
SUITE 600  
HOLLYWOOD FL 33019  
US

Mailing Address

3800 SOUTH OCEAN DRIVE  
SUITE 600  
HOLLYWOOD FL 33019  
US



3. Date Incorporated or Qualified  
05/29/1985

3a. Date of Last Report  
04/25/1995

2. Principal Place of Business 2500 East  
21 Hallandale Beach Blvd. 2a. Mailing Address 2500 East  
Suite, Apt. #, etc. 26 Hallandale Beach Blvd.  
#P-Q Suite, Apt. #, etc. 27 #P-Q

22 City & State 23 Hallandale, Fl. 28 Hallandale, Fl.  
24 Zip 33009 25 Country 29 Zip 33009 30 Country

4. FEI Number 59-1696104  
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

BERNSTEIN, STANLEY H.  
1134 HARRISON STREET  
SUITE 600  
HOLLYWOOD FL 33019

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BERNSTEIN, STANLEY, MD	1.2 NAME	
STREET ADDRESS	1134 HARRISON STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	
NAME	ROTH, LEON, MD	2.2 NAME	
STREET ADDRESS	436 ALAMANDA DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GOLDEN ISLES HA	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY H. BERNSTEIN

(954) 456-2900

Date

Daytime Phone

CR2E034 (12/95)