

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 10:33

DOCUMENT # **K67266 (2)**

1. Corporation Name
GARDENS MEDICAL PARK DEVELOPMENT CORP., INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 2300 W SAMPLE ROAD STE 208 POMPANO BEACH FL 33073 | 2300 W SAMPLE ROAD STE 208 POMPANO BEACH FL 33073 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated (or FFL date) | 3a. Date of Last Report |
| 02/21/1989 | 02/01/1994 |
| 4. FFL Number | Applied For |
| 65-0115314 | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|-------------------------------------|-------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. 2101 W. Commercial Blvd. | 25. 2101 W. Commercial Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22. Suite 4800 | 27. Suite 4800 |
| City & State | City & State |
| 23. Fort Lauderdale, FL | 28. Fort Lauderdale, FL |
| Zip | Country |
| 24. 33309 | 25. USA |
| 29. 33309 | 30. USA |

9. Name and Address of Current Registered Agent

MULLEN, JOSEPH P. ESQ.
2410 E COMMERCIAL BLVD
SUITE 302
FT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

| | |
|---|---------------------------------|
| 81 Name | Thomas S. Olesiewicz |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 2101 W. Commercial Blvd. |
| 83 | Suite 4800 |
| 84 City | Fort Lauderdale, FL |
| 85 Zip Code | 33309 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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]* **Thomas S. Olesiewicz** *2/13/95*

12. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | VTS |
| NAME | GROSCH, RICK |
| STREET ADDRESS | 2300 W SAMPLE RD STE 208 |
| CITY-ST-ZIP | POMPANO BEACH FL |
| TITLE | P |
| NAME | SHIMM, KENNETH L. |
| STREET ADDRESS | 2300 W SAMPLE RD STE 208 |
| CITY-ST-ZIP | POMPANO BEACH FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 2101 W. Commercial Blvd., Suite 4800 |
| 1.4 CITY-ST-ZIP | Fort Lauderdale, FL 33309 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 2101 W. Commercial Blvd., Suite 4800 |
| 2.4 CITY-ST-ZIP | Fort Lauderdale, FL 33309 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, 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 199, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* **Kenneth Shimm** *2/13/95*