

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Jan 14 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # K67266 (2)**  
1. Corporation Name  
**GARDENS MEDICAL PARK DEVELOPMENT CORP., INC.**



Principal Place of Business Mailing Address  
**2101 W COMMERCIAL BLVD 4800 FORT LAUDERDALE FL 33309 US**

3. Date Incorporated or Qualified **02/21/1989** 3a. Date of Last Report **01/29/1996**  
4. FEI Number **65-0115314** 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

2. Principal Place of Business 2a. Mailing Address  
21 2101 W. Commercial Blvd. 26 2101 W. Commercial Blvd.  
Suite, Apt #, etc. Suite, Apt #, etc.  
22 Suite 4100 27 Suite 4100  
City & State City & State  
23 Ft. Lauderdale, FL 28 Ft. Lauderdale, FL  
Zip Country Zip Country  
24 33309 25 Country 29 33309 30 Country

9. Name and Address of Current Registered Agent  
**OLESIWICZ, THOMAS S  
2100 W COMMERCIAL BLVD.  
SUITE 4800  
FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent  
81 Name **Robert S. Forman, Attorney at Law**  
82 Street Address (P.O. Box Number is Not Acceptable) **2101 W. Commercial Blvd.**  
83 **Suite 4100**  
84 City **Ft. Lauderdale** FL 85 Zip Code **33309**

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: *Robert S. Forman* **Robert S. Forman, Attorney at Law** 1/7/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SHIMM, KENNETH L.</b>	
STREET ADDRESS	<b>2101 W COMMERCIAL BLVD., STE. 4800</b>	
CITY - ST - ZIP	<b>FORT LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2101 W. Commercial Blvd., #4100</b>
1.4 CITY - ST - ZIP	<b>Ft. Lauderdale, FL 33309</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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: *Kenneth L. Shimm* **Kenneth L. Shimm** (954) 796-9202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DATE DAYTIME PHONE #

CR2E034 (9/96)