

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M30780

1. Entity Name

THE BAYVIEW-GALLERIA RETIREMENT HOME, INC.



Principal Place of Business

C/O SAMUEL T. ROTHMAN
2625 N.E. 13TH CT.
FT. LAUDERDALE FL 33304

Mailing Address

C/O SAMUEL T. ROTHMAN
2625 N.E. 13TH CT.
FT. LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-2210777

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTHMAN, ALICE BARTON
2416 N. OCEAN BLVD.
FT. LAUDERDALE FL 33304

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, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
ROTHMAN, ALICE BARTON
2625 N.E. 13TH CT.
FORT LAUDERDALE FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
000000482816
04/11/06-80091-014 158.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Alice Barton Rothman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-06-PA 9543260945
Date Daytime Phone