

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 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 - No P.O. Box #

2625 NE 13th

3. Mailing Address

2625 NE 13th Ft Laud.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

Fort Lauderdale FL 33304

4. FEI Number

59-2210777

Applied For

Not Applicable

Zip

33304

Country

Braun

Zip

33304

Country

Braun

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

Alice Barton Rothman

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

2416 N Ocean Blvd

City

Fort Lauderdale

FL

Zip Code

33304

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 in file. (Applicable)

(NOTE: Registered Agent signature required when submitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 PD ☐ Delete
NAME ROTHMAN, ALICE BARTON
STREET ADDRESS 2625 N.E. 13TH CT.
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000834537
CITY-ST-ZIP 02/28/08-80056-011 158.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

2 18 08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day the Report is