

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N02164** (4)

1. Corporation Name

**BENNETT MEDICAL PLAZA CONDOMINIUM ASSOCIATION, I
NC.**



Principal Place of Business

Mailing Address

~~% HUMANA HOSPITAL-BENNETT~~
~~801 N.W. 82ND AVENUE #805~~
~~PLANTATION FL 33324~~

~~% HUMANA HOSPITAL-BENNETT~~
~~201 N.W. 82ND AVENUE #805~~
~~PLANTATION FL 33324~~

3. Date Incorporated or Qualified

03/23/1984

3a. Date of Last Report

07/26/1995

2. Principal Place of Business

2a. Mailing Address

21 201 NW 82nd Avenue

26 One S.E. Third Ave

Suite, Apt. #, etc.

22 H# Flava

Suite, Apt. #, etc.

27 11th Floor

City & State

23 Plantation FL

City & State

28 Miami FL

Zip

24 33324

Country

25 BROWARD

Zip

29 33131

Country

30 DADE

4. FEI Number

59-2438926

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

10. Name and Address of New Registered Agent

**ALAN GOLDENBERG, MD
8751 W BROWARD BLVD
SUITE 203
PLANTATION FL 33324**

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE
NAME **D ROBERT GREITZ MD**
STREET ADDRESS **201 NW 82ND AVE**
CITY - ST - ZIP **PLANTATION FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

ROBERT GREITZ MD

☒ Change ☐ Addition

TITLE ☐ DELETE
NAME **VD MATHIS BECKER, MD**
STREET ADDRESS **201 NW 82ND AVE**
CITY - ST - ZIP **PLANTATION FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **SD BUSSONE, DAVID**
STREET ADDRESS **8201 W BROWARD BLVD**
CITY - ST - ZIP **PLANTATION FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **TD YUSOF HAMUTH, MD**
STREET ADDRESS **201 NW 82ND AVE**
CITY - ST - ZIP **PLANTATION FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **PD ALAN GOLDENBERG, MD**
STREET ADDRESS **201 N.W. 82ND AVE**
CITY - ST - ZIP **PLANTATION FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 617, 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

Date

Daytime Phone #

0008443

CR2E037 (3/96)