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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N11882

(0)

CENTRAL PARKWAY PROFESSIONAL ASSOCIATION, INC.

DENTINE PARTON FOR ESSISTANCE ASSOCIATION INC.									
Principal Place	of Business	Mailing Address					IBI BIBII BIBII BIBII	E1811 61011 01011 1001	
P.O. BOX 3760 P.O. BOX 3760 BOCA RATON FL 33427 BOCA RATON FL 33427									
						3. Date Incorporated or Qualified 11/04/1985	3a. Date of L 05/0	Last Report 1/1995	
2. Principal Pla	2a. Mailing Address 26	Vailing Address			4. FEI Number 65-0085431	}	Applied For Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	T	.75 Additional	
22 City 0 Ctata		City 9 State	City & State					Fee Required	
City & State		28			Election Campaign Financing Trust Fund Contribution	1 1 7	5.00 May Be added to Fees		
Zip	Country	Zip	-	intry		8. This corporation has liability for in		er s. 199.032,	
24	25	1 Depletered Apont	30	ı		Florida Statutes 10. Name and Address of New Re	Yes X No	•	
9, Name and Address of Current Registered Agent					81 Name				
HAHAMOVITCH, HARRY H.				82 S	Stroot Address	∘ /P.O. Boy Number is Not Acceptable	5		
1160 S ROGER CIRCLE					6353	s (P.O. Box Number is Not Acceptable い、 ROG-FAS CIRCL	<u> </u>		
BOCA RATON FL 33487				83	SUITE	. 1			
				84 C		RATON	FL 85	Zip Code 7 3 4 8 7	
11. Pursuant to the provisions of Sections 517.0502 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 Statute 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 acceptive populations of Section 617.0503, Florida Statutes.									
or registeri familiar wit	ed agent, or both, in the state of Floric h, and acceptive pollerite soft, Secti	ia. Such change was authorize ion 617.0503, Florida Statutes.	a by the c	corpora	tion s doard	or directors, i hereby accept the appoi	itineni as registi	ereo agent. i ani	
SIGNATURE	1000						4-18-9	ما	
Signature, typed or printed name of politering agent and that printers M (V) NOTE physics red 12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12	
TITLE	PD	DELETE	1.1 TI	ITLE		1100 m	Cha	nge 🔲 Addition	
NAME	HAHAMOVITCH, HARRY		1.2 N	AME	13	ra 11 Pate AT CIAL	41 جرا		
STREET ADDRESS	1160 S ROGERS CINCLE			TREET ADO	DRESS 65	53 W. ROGERS CIRC OCA RATON, FL 33	LE #1		
CITY-ST-ZIP	BOCA RATON FL VD	DELETE	1.4 CI 2.1 TI	ITY-ST-ZI	IP D'	och knight -	XI Cha	inge 🔲 Addition	
TITLE NAME	HAHAMOVITCH, DIANNE		2.7 N				-		
STREET ADDRESS	-1160-S-ROGERS CIRCLE			TREET ADE	DRESS 63	53 W. ROBERS CIRC	$l \in \#I$		
CITY-ST-ZIP	BOCA RATON FL		2.40	CITY-ST-Z	ZIP BO	CARATON, FL 334	87		
TITLE	\$D	DELETE	. 3.1 TI			•	∑ Cha	inge 🛅 Addition	
NAME	GEISERMAN, ROBERT		3.2 N		/ 7	TO W. ROGERS CIRC	· E #1		
STREET ADDRESS	1160 S ROGERS CIRCLE BOCA RATON FL			TREET ADO	DRESS P	157 W. ROGERS CIRCL MICA RATON, FL. 334	87		
CITY-ST-ZIP TITLE	D DOOR HATON TE	TOELETE	3.4. U	CITY-ST-Z	(IP		Cha	inge Addition	
NAME	HOVIS, ALFED	—	4. 2 N	NAME					
STREET ADDRESS	907 CENTRAL PARKWAY		4.3 S	TREET ADI	DRESS				
CITY-ST-ZIP	STUART FL		4.4 C	ITY-ST-Z	IP 1				
TITLE	D	DELETE	5.1 TI				☐ Cha	inge 🔲 Addition	
NAME	HOVIS, KAREN		5.2 N		00000				
STREET ADDRESS	907 CENTRAL PARKWAY STUART FL			TREET ADI					
CITY-ST-ZIP TITLE	T	DELETE	5.4 U	HTY-ST-Z ITLE	,IF		∑ Cha	ange 🔲 Addition	
NAME	UNGAR, NANCY	_	62 N		1	11 0-0-00 000			
STREET ADDRESS	1160 S. ROGERS CIRCLE	Λ	6.3 \$	TREET ADO		53 U. ROBERS CIRC			
CITY-ST-ZIP	BOCA RATON FL /	10	6.4 C	ITY-ST-Z		ICA RATON, FL 33			
14. I do hereb certify that	y certify that the information supplied to the information indicated on this arm.	with/this filing is voluntarily furnis	shed and Ja! report i	does n	ot qualify for and accurate	the exemption stated in Section 119.0 and that my signature shall have the s	7(3)(k), Florida S ame legal effect	tatutes. I further as if made under	

certify that the information indicated on this annual exort 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 congression 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 changes or of the chapter of the congression of the

SIGNATURE:

SIGNATURE AND EXPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1-18-96 407-994-222