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Apr 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N15548 (3)

1. Corporation Name

ALZHEIMER'S FAMILY CENTER, INC.

Principal Place of Business

4900 W. ATLANTIC BLVD., SUITE 4  
MARGATE FL 33063

Mailing Address

4900 W. ATLANTIC BLVD., SUITE 4  
MARGATE FL 33063-5324



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified  
06/23/1986

3a. Date of Last Report  
03/28/1996

4. FEI Number  
59-2768189

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

SIEGEL, JEROME R.

~~8142 N UNIVERSITY DRIVE~~  
~~TAMARAC FL 33321~~

100 W. Cypress Creek Road  
Suite 930  
Fort Lauderdale, FL 33309

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

TITLE PD ☐ DELETE

NAME TOBIN, LESLEY  
STREET ADDRESS 7759 HIGHLANDS CIRCLE  
CITY-ST-ZIP MARGATE FL

TITLE VD ☐ DELETE

NAME GENOVA, ANTHONY J.  
STREET ADDRESS 881 SW 55 TERRACE  
CITY-ST-ZIP MARGATE FL

TITLE ~~SD~~ ☐ DELETE

NAME KANTOR, JOYCE  
STREET ADDRESS 5801 N DIXIE HWY STE 310  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE

NAME SPERBER, REUBEN  
STREET ADDRESS 7005 N.W. 17TH COURT  
CITY-ST-ZIP MARGATE FL

TITLE TD ☐ DELETE

NAME BRANIGAN, MICHAEL W.  
STREET ADDRESS 6451 N FED HWY STE 1113  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE SD ☐ DELETE

NAME GARY RESNICK  
STREET ADDRESS 141 NW 16 STREET  
CITY-ST-ZIP POMEROY BEACH, FL 33060

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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]* *[Signature]* *[Signature]*

3/15/97 05/19/97-7155

CR2E037 (9/96)