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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N15548

1. Corporation Name

ALZHEIMER'S FAMILY CENTER, INC.

Principal Place of Business

Mailing Address

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

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

FILED Apr 02, 1999 8:00 am § Secretary of State

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2 Principal Pl	Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed	
		26	,			06/23/1986	
Suite, Apt.	# etc	201	Suite, Apt. #, etc.	•		4. FEI Number Applied For	
Suite, Apt.		27				59-2768189 Not Applicable	
City & State	^	41	City & State		-	\$9.75 Additional	
23	•	28	Only a dialo			5. Certificate of Status Desired Fee Required	
Zip	Country	201	Zip	Country		6. Election Campaign Financing \$5.00 May Be	
<u></u>	25	29	30			Trust Fund Contribution Added to Fees	
(4)	9. Name and Address of Current I	-		<u> </u>		10. Name and Address of New Registered Agent	
	v. (dallo dila Adalloco V. valtalla			81	Name		
OPOPIL IEDONE DANS AND A					20 Ct. (A.L.) (D.O. D. Munharia Net Acceptable)		
SIEGEL, JEROME R. 4 34 1 45 4					82 Street Address (P.O. Box Number is Not Acceptable)		
100 W CYPRESS CREEK ROAD							
SUITE 930 FT PROVICE PA				83			
FT LAUDERDALE FL 33309				84	City	EI 85 Zip Code	
The latest the purpose of observing its registered							
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 a	m familiar with, and accept the obligation	ns of	, Section 617.0503, Florida	Statutes.			
SIGNATURE						DATE	
	Signature, typed or printed name of registered agent a				t signature re	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AND	DIKE		13.		Thomas Claddition	
TITLE .	PD		☐ DELETE	1.1 TITLE		1 V	
NAME	TOBIN, LESLEY		1	1.2 NAME		LESLEY TOBIN	
STREET ADDRESS	7759 HIGHLANDS CIRCLE			1.3 STREET	ADDRESS		
CITY-ST-ZIP	MARGATE FL			1.4 CITY-S	r-z:P	Man Day	
TITLE	VD ·		☐ DELETE	2.1 TITLE		PD Addition	
NAME	GENOVA, ANTHONY J.			2.2 NAME		BONDVA, ANTHONY J.	
STREET ADDRESS	881 SW 55 TERRACE		•	2.3 STREET	ADDRESS	· '	
CITY-ST-ZIP	MARGATE FL		and the second s	2.4 CITY-S	T-ZIP		
TITLE	S		☐ DELETE	3.1 TITLE		VD	
NAME	PILLETS, COLETTE POULIN			3.2 NAME		PILLETS, COLETTE POULIN	
STREET ADDRESS	3891 STIRLING ROAD			3.3 STREET	ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33312			3.4. CITY-S	T-ZIP		
TITLE	D		☐ DELETE	4.1 TITLE		Change Addition	
NAME	SPERBER, REUBEN		1	4. 2 NAME		SEE ATTRICHED LIST FOR ADDITIONS	
STREET ADDRESS	7005 N.W. 17TH COURT			4.3 STREET	ADDRESS	· ·	
	MARGATE FL			4.4 CITY-S			
TITLE	TD		☐ DELETE	5.1 TITLE	, 2,	Change Addition	
NAME	BRANIGAN, MICHAEL W.			5.2 NAME			
	I			5.3 STREET	ADDRESS	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	6451 N FED HWY STE 1113			5.4 CITY-S			
CITY-ST-ZIP	FT LAUDERDALE FL		□ DELETE	6.1 TITLE		☐ Change ☐ Addition	
TITLE	VD			6.2 NAME			
NAME :	RESNICK, GARY	•		6.3 STREET	ADDESS		
STREET ADDRESS						1	
CITY-ST-ZIP	POMPANO BEACH FL			6.4 CITY-S	1-ZIP	11 0 11 140 07/00" Floride Chabber 15 other partiful that the information	

I 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 informationated 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 attagenment with an address, with all other like empowered.

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ALZHEIMER'S FAMILY CENTER, INC. 4900 West Atlantic Boulevard, #4, Margate, FL 33063 954/971-7155

Officers (Continued from Page 1)

Kevin O'Grady, Secretary Ruden, McClosky, Smith, Schuster & Russell 200 East Broward Boulevard Fort Lauderdale, FL 33301

Jack Tobin, Honorary Chair 7759 Highlands Circle Margate, FL 33063

Directors (Continued from Page 1)

Commissioner Norman Abramowitz Broward County Commission 115 South Andrews Avenue #413 Fort Lauderdale, FL 33301

Lottie Albert 4801 NW 34 Street Lauderdale Lakes, FL 33319

Rachel Goldberg 10467 Sunrise Lakes Boulevard Building 164, #207 Sunrise, FL 33322

Jerome Siegel, Esquire 100 West Cypress Creek Road, Suite 930 Fort Lauderdale, FL 33309

Honorable Peter B. Skolnik Broward County Court 201 SE 6 Street #780 Fort Lauderdale, FL 33301

Beatrice (Bert) Soff 10777 West Sample Road, #1114 Coral Springs, FL 33065

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Alzheimer's Family Center, Inc. Board of Directors - 1999

Max Spiegel 7505 NW 5 Place Margate, FL 33063

Joe Spinelli 397 NW 99 Way Coral Springs, FL 33071

H. Murray Todd, M.D. 1841 NE 45 Street Fort Lauderdale, FL 33308