FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:33

DOCUMENT # N40577 (1)

1. Corporation Name
GREATER HALLANDALE ADULT DAY CARE CENTER, INC.

Principal Place of Business	Mailing Address
% CAROL R. OWEN 1000 E HALLANDALE BEACH HALLANDALE FL 33009	% CAROL R. OWEN 1000 E HALLANDALE BEACH HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1990
3a. Date of Last Report: 02/14/1994
4. FEI Number: 65-0257990 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

OWEN, CAROL R.
1000 E HALLANDALE BEACH
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	OWEN, CAROL R.	1.2 NAME	
STREET ADDRESS	1000 E HALLANDALE BCH BL	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHULMAN, LOUIS	2.2 NAME	
STREET ADDRESS	300 NE 14TH AVE., #402	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, O. B.	3.2 NAME	
STREET ADDRESS	988 NW 10TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BROZEN, ESTELLE	4.2 NAME	
STREET ADDRESS	2030 S OCEAN DR., #2001	4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	FRIEDMAN, ROBERT	5.2 NAME	
STREET ADDRESS	1150 E HALLANDALE BCH BL	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	
TITLE	DS	6.1 TITLE	☐ Change ☐ Addition
NAME	SELZ, JUDITH	6.2 NAME	
STREET ADDRESS	2500 E HALLANDALE BCH BL	6.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	6.4 CITY-ST-ZIP	

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)(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: Carol R. Owen Jan. 23, 1995 (305) 458-2211
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Daytime Phone #)

0037342

GREATER HALLANDALE ADULT DAY CARE CENTER

1117 E. Hallandale Beach Boulevard
Hallandale, Florida 33009
Telephone (305) 455-0321

BOARD OF DIRECTORS

Carol R. Owen, President	1000 E. Hallandale Beach Blvd * 458-2211
Robert Friedman, Vice President	1150 E. Hallandale Beach Blvd. 458-4651
Theresa Ciummo, Treasurer	3150 SW 52 Avenue Pembroke Park, 33023 966-4600
Dr. Judith Selz, Secretary	2500 E. Hallandale Beach Blvd. 456-5433
Estelle Brozen	2030 S. Ocean Drive, #1710 456-5692
Irma Rochlin	2030 S. Ocean Drive, #1114 456-~~2897~~ 2819
O. B.Johnson	988 NW 10 Street 457-7654
Louis Schulman	300 NE 14 Avenue, #402 454-1397
Simon Silver	600 NE 14 Avenue, #316 458-7465
Mary Washington, Ex Officio, South Broward Hospital District	3501 Johnson Street Hollywood 33021 987-2000
Eudyce Steinberg, Ex Officio Mayor of Hallandale	308 S. Dixie Highway 458-3251

* All mailing addresses are Hallandale, FL 33009 unless otherwise indicated.

Eff. 9/93

Managed by Memorial Hospital