

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000004299 (3)**

1. Corporation Name

**THE INSTITUTE FOR MIND-BODY HEALTH, INC.**

Principal Place of Business

Mailing Address

1514 SAN IGNACIO  
SUITE 150  
CORAL GABLES FL 33146

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SUITE 150  
CORAL GABLES FL 33146



3. Date Incorporated or Qualified  
**08/31/1994**

3a. Date of Last Report  
**11/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLOOM, KENNETH M**  
**801 BRICKELL AVE**  
**SUITE 1401**  
**MIAMI FL 33131**

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 617.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

**2/8/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **ROBERTS, SANDEE**  
STREET ADDRESS **3300 PONCE DE LEON BLVD**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS **3300 PONCE DE LEON BLVD**  
14 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **DS** ☐ DELETE  
NAME **TOMPKINS, ADRIENNE**  
STREET ADDRESS **14 NE 1ST AVE #704**  
CITY-ST-ZIP **MIAMI FL 33132**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE **DT** ☐ DELETE  
NAME **KRAMER, GRAY**  
STREET ADDRESS **306 S. HIBISCUS DR**  
CITY-ST-ZIP **MIAMI BEACH FL 33146**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **BLOOM, KENNETH**  
STREET ADDRESS **801 BRICKELL AVE #1401**  
CITY-ST-ZIP **MIAMI FL 33131**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **AARONBERG, SUSAN**  
STREET ADDRESS **3802 N.E. 207TH STREET**  
CITY-ST-ZIP **NORTH MIAMI FL 33180**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **Amar, Herm, President**  
STREET ADDRESS **1514 San Ignacio**  
CITY-ST-ZIP **Suite 100 Coral Gables, FL 33146**

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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)(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:

**Herm Amar President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/96 3056630884**  
Date Daytime Phone #

CR2E037 (12/95)