## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

# (CANIAN AND LONG AND) CANA BANK BANK DANK DANK BIRA DYEK KAND MAN KADA

Daytime Phone #

DIVISION OF CORPORATIONS

1996

SIGNATURE: \_

N94000004582 (2)

ALL CHAHRAMENT YOUR STREET OR DIRECTOR

DOCUMENT # N940000

1. Corporation Name

BLOOMING HEARTS INC.

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Principal Place of Business Mailing Address						r sodiniðu frið riffiri fillein fillsis dörin f	Boot BBIG BBIGT B		A) 10110 HUI 1001
5757 N DIXIE	e medical center : hwy ale fl 33334	NORTH RIDGE MEDICAL CENTER 5757 N DIXIE HWY FT LAUDERDALE FL 33334							
		Diobellonee 12 god				3. Date Incorporated or Qualified 09/14/1994	3a. Date of Last Report 07/06/1995		
	lace of Business	2a. Mailing Address				4. FEI Number	****	$\top$	Applied For
21 Cuito Ant	H ato	26				65-0520720 Not A			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
City & State	θ	City & State				6 Floring Council 5			Required
13		26			Election Campaign Financing     Trust Fund Contribution	☐ \$5.00 May Be Added to Fees			
Zip	Country	Zip Cou		ountry			ty for intangible tax under s. 199,032.		
24	25 29		30			Florida Statutes			
Name and Address of Current Registered Agent				81		10. Name and Address of New Registered Agent			
MOTOLA, BERNARDO 515 E LAS OLAS BLVD SUITE 1030					Name				
					Street Address (P.O. Box Number is Not Acceptable)				
	PERDALE FL 33301		<u> </u>						<del></del>
TT DAGE	CHUALE PL 33301	83							
	•		1	B4	City		8 ,	5 Z	p Code
11. Pursuant	to the provisions of Sections 617 0502	and 617 1508. Florida Statutas	the above		amod co	repression submits the statement for the	FL  °	1	
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. Thereby accept the appointment as registered agent.									
raminar with, and accept the doligations of, Section of 7.0503, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent ar	id title if applicable (NOTE	. Registered A	aenl	signature rec	quired when reinstating)			
12.	OFFICERS AND DIRECTORS			13.		ADD/TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1 1 TITE	E				hange	☐ Addition
NAME	GHAHRAMANI, ALI R LMSSAMI		1.2 NAN	ΙE					_
STREET ADDRESS	FT LAUDERDALE FL 33334			EET ADDRESS					
CITY-ST-ZIP				1 4 CITY-ST-ZIP					
TITLE	GRAU, TONY	DELETE	2 1 TITL				□ C	nange	☐ Addition
NAME CTOSET ADDRESS	% 5757 N DIXIE HWY NORTH RIDGE MEDICAL CTR FT LAUDERDALE FL 33334			2 NAME 3 STREET ADDRESS					
STREET ADDRESS									ļ
CITY-ST-ZIP TITLE	D	DELETE	2 4 Cit		- ZIP		<u> </u>		
NAME	ROGERS, DOROTHY A			NAME			□ CI	iange	Addition
STREET ADDRESS	% 5757 N DIXIE HWY NORTH F	RIDGE MEDICAL CTR		B STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33334		34 CIT						
TITLE	DELETE DELETE			E	-"		□ Cr	nange	Addition
NAME	DMOTOLA, BURNAR	4 2 NAM	ΛÉ			_	~	_	
STREET ADDRESS	5757 N DIXIE HWY NORTH AUGE MEDICAL CENTER, FT LAUDROAU			ET A	DORESS				
CITY-ST-ZIP				- 51	- ZiP				,
TITLE	FL 33334	DELETE	5 1 TITU	E				ange	Addition
NAME			52 NAM	5 2 NAME		<b>80000186</b> -06/19/960100	120 ± ± 1.6 11==0000	5	İ
STREET ADDRESS				ET A	DORESS	***61,25	11022		
CITY-ST-ZIP		Doctor	5 4 City		- ZIP	ককক01. <b>८</b> ৩	·		
TITLE NAME		DELETE	6 1 TITL				□ Cr	ange	Addition
			6.2 NAM		DODGG-				
STREET ADDRESS			6 3 STRE					, ,	·Kan
14. I do hereb	y certify that the information supplied with	h this filing is voluntarily furnish	64 CITY hed and do	200	not qualit	fy for the exemption stated in Section 119.03	70VL) Florida	Gratuiti	i V
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 with the 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 iff made under cath; 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.									