SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DIVISION OF CORPORATIONS

1998 DOCUMENT # N9400004582 (2)

BLOOMING HEARTS INC.

Secretary of State

FILED								
Oct 01	1998	8:00am						
Secre	etary c	of State						

Date Incorporated or Qualified 09/14/1994								
FEI Number	Applied For							
<u>65-052</u> 0720	Not Applicable							
certificate of Status Desired	3.75 Additional Fee Required							
	5.00 May Be dded to Fees							
s this nonprofit corporation a homeowner asso Yes No								
This corporation owes or has paid the current yearsonal Property Tax due June 30.	s No							
Name and Address of New Registered Agen	t							
D. Box Number is Not Acceptable)								
	T =							
FL 85	Zip Code							
mits this statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered								
reinstating) DATE								
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NORTH RIDGE MEDICAL CENTER 5757 N DIXIE HWY FT LAUDERDALE RJ 33334 FE LAUDERDALE RJ 33334 FE LAUDERDALE RJ 33334 FE LAUDERDALE RJ 33334 FE LAUDERDALE RJ 33334 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 09/14/1994 4. FEI Number 85-0520720 Not Applicable 95-0520720 Not Applicable 1. FEI Number 85-0520720 Not Applicable 1. FEI Number	Principal Place of Business Malling Address								
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## Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Zip									
2. Principal Place of Business			FT LAUDERDALE FL 333				Applied For		
Sulte, Apt. #, etc. Trust Fund Contribution							65-0520720	 '' '	
Sulle, Apt. #, efc. Sulle, Apt. #, efc. Sulle, Apt. #, efc. Sulle, Apt. #, efc. Sulle, Apt. #, efc. Sulle, Apt. #, efc. Sulle, Apt. #, efc. City & State City & State City & State City & State Zip	h		-	falling Address			5. Certificate of Status Desired	• • • • • • • • • • • • • • • • • • • •	
27						6. Election Campaign Financing			
28	 7								
Zip	├─ ─		 						
28		Country		Cou	infni				
GHAHRAMANI, ALI R MD 5757 N. DIXIE HWY FT LAUDERDALE FL 33334 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 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, and accept the obligations of, section 617.0503, Florida Statutes. SIGNATURE Syndian, 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 D GHAHRAMANI, ALI R LMSSAMD 12. NAME GRAU, TONY STREET ADDRESS		 	— ·		11161 3		ı		
GHAHRAMANI, ALI R MD 5757 N. DIXIE HWY FT LAUDERDALE FL 33334 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City				1001					
5757 N. DIXIE HWY FT LAUDERDALE FL 33334 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 617.0502 and 617.1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the obligations of, section 617.0503, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE DAME STREET ADDRESS CITYST-ZIP FT LAUDERDALE FL 33334 IA CITY-ST-ZIP TITLE DAME GRAU, TONY 22 NAME STREET ADDRESS	•				81	Name			
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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:

Date

Daytime Phone #