

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N98000007371**

1. Entity Name  
**HOLLYWOOD FIRST CHOICE, INC.**



Principal Place of Business  
**7350 NO. DAVIE RD. EXTENSION  
HOLLYWOOD, FL 33024**

Mailing Address  
**7350 NO. DAVIE RD. EXTENSION  
HOLLYWOOD, FL 33024**

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0913110**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHWARTZ, TIM  
7350 N DAVIE RD EXT  
HOLLYWOOD, FL 33024**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**1/8/08**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**000000713655  
01/11/08-80054-008 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SCHLOSSBERG, MARTIN  
STREET ADDRESS 7300 NO. DAVIE RD. EXTENSION  
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE D  
NAME SHANDLER, MARC  
STREET ADDRESS 7350 N DAVIE RD EXT  
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE D  
NAME HARRIS, BETSY  
STREET ADDRESS 7350 N DAVIE RD EXT  
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE D  
NAME MCGOWAN, DEBA  
STREET ADDRESS 7350 N. DAVIE RD EXT  
CITY-ST-ZIP HOLLYWOOD, FL

TITLE T  
NAME EDELSTEIN, LLOYD  
STREET ADDRESS 7350 N DAVID RD EXT  
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/08 (954) 989-4691**  
Date Daytime Phone #