

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **P93000004458 (4)**

1. Corporation Name  
**BDK HEALTH INVESTORS, INC.**



Principal Place of Business: **4469 N. STATE RD. 7 SUITE 1703 LAUDERDALE LAKES FL 33319 US**  
Mailing Address: **2221 LEE ROAD SUITE 24 WINTER PARK FL 32789 US**

3. Date Incorporated or Qualified: **01/12/1993**  
3a. Date of Last Report: **10/23/1995**

2. Principal Place of Business: **701 Brickell Ave.**  
21 Suite, Apt. #, etc.: **Suite 3000**  
22 City & State: **Miami, FL**  
23 Zip: **33131**  
24 Country: **US**

4. FEI Number: **65-0385551**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**LASRIS, LEE F  
701 BRICKELL AVE  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name: **INTRASTATE REGISTERED AGENT CORPORATION**  
82 Street Address (P.O. Box Number is Not Acceptable): **701 Brickell Ave.**  
83 Suite: **Suite 3000**  
84 City: **Miami**  
85 Zip Code: **FL 33131**

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 legal responsibilities of, Sections 607.0505, Florida Statutes.  
**INTRASTATE REGISTERED AGENT CORPORATION**

SIGNATURE OF: *Steven H. Hagen*  
**Steven H. Hagen, Vice President**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DANLER, WILLIAM</b>	
STREET ADDRESS	<b>4469 N STATE ROAD 7 SUITE 1703</b>	
CITY - ST - ZIP	<b>LAUDERDALE LAKES FL 33319</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DANLER, KATHLEEN</b>	
STREET ADDRESS	<b>4469 N STATE ROAD 7 SUITE 1703</b>	
CITY - ST - ZIP	<b>LAUDERDALE LAKES FL 33319</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LOPEZ, DENNIS</b>	
STREET ADDRESS	<b>2221 LEE ROAD SUITE 15</b>	
CITY - ST - ZIP	<b>WINTER PARK FL 32789</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/VP/S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Danler, William</b>	
1.3 STREET ADDRESS	<b>4469 N. State Road 7 Suite 1703</b>	
1.4 CITY - ST - ZIP	<b>Lauderdale Lakes, FL 3319-</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steven H. Hagen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/29/96**  
Daytime Phone #

CR2E034 (12/95)