

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000004458

1. Corporation Name

BDK HEALTH INVESTORS, INC.

Principal Place of Business

5235 NW 33RD AVENUE SUITE 2
FT LAUDERDALE FL 33309-6302
US.

Mailing Address

5235 NW 33RD AVENUE SUITE 2
FT LAUDERDALE FL 33309-6302
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1993

4. FEI Number

65-0385551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 6635 W. Commercial Blvd

Suite, Apt. #, etc.

22 Suite 217

City & State

23 Tamarac Fl

Zip

24 33319

Country

25 Broward

2a. Mailing Address

26 6635 W. Commercial Blvd

Suite, Apt. #, etc.

27 Suite 217

City & State

28 Tamarac Fl

Zip

29 33319

Country

30 Broward

9. Name and Address of Current Registered Agent

INTRASTATE, REGISTERED A CORP
701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 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 obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVSD ☐ DELETE

NAME DANLER, WILLIAM
STREET ADDRESS 4469 N STATE ROAD 7 SUITE 1703
CITY-ST-ZIP LAUDERDALE LAKES FL

TITLE D ☐ DELETE

NAME DANLER, KATHLEEN
STREET ADDRESS 4469 N STATE ROAD 7 SUITE 1703
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE D ☐ DELETE

NAME LOPEZ, DENNIS
STREET ADDRESS 2221 LEE ROAD SUITE 15
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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:

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90001 024 ***550.00



CR2E034 (5/99)

9-2-99 954-724-5250