FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000031519**1. Corporation Name

WEST LAUDERHILL HEALTH CENTER, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90103 024 ***150.00



Principal Place of Business Mailing Address						I (BBIIBBI IIA IRIBA (IIII) ABIII ABIII BBIII BBIII	19 ILIBA 11661 611	181 11818 1811 1881	
7284 W. OAKLAND PARK BLVD 1806 N PINE ISLAND RD LAUDERHILL FL 33313 PLANTATION FL 33322 US						DO NOT WRITE IN THI	S SPACE_	`	
						3. Date Incorporated or Qualifed 04/29/1993			
Principal Place of Business 2a. Mailing Address						4. FEI Number			1
1806	N. PINE ISLAND RD	ISLAND RD 26				65-0419651		Not Applicable	
Suite, Apt.	Suite, Apt. #, etcSuite, Apt. #, etc					5. Certificate of Status Desired		-Additional	=
22	27					3. Certificate of Citation Doors of	Fee F	Required	
	City & State City & State					6. Election Campaign Financing		0 May Be	
	PLANTATION, FL 28					Trust Fund Contribution		d to Fees	-
Zip	Country Zip Cou			ntry		8. This corporation owes the current year I		["]N=	
24 <i>3</i> 332	A To Assure	29				Personal Property Tax. Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registere	3 Agent		1
RAM	NATH, RON			•					
	N PINE ISLAND RD					ss (P.O. Box Number is Not Acceptable)			
	NTATION FL 33322			83					1
				,					
•				84	City	F	∎ 85 Žip	p Code	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was a	uthorized	lbyt	ine corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing i	ts registered registered	
SIGNATURE		, Long 16 Hard-land	^. Classistania	A		1 when reinstating) DATE			۱,
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	Agent	signature required	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECT	FORS IN 12	2
TITLE	D	DELETE DELETE	1.1 TIT	ΓLE			☐ Change		3
NAME	RAMNATH, RON		1.2 NA	ME		•]
STREET ADDRESS	1806 N PINE ISLAND RD		-1.3 ST	REET	ADDRESS				١
CITY-ST-ZIP	PLANTATION FL 33322		1.4 CF		1				8
TITLE		☐ DELETE	2.1 717				☐ Change	e Addition] (
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NAME			5.2 NAME		4000000			·	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		——————————————————————————————————————	5.4 CI		-ZIP				1
TITLE		DELETE 6.1 TI		1			☐ Chang	e Addition	
NAME			6.2 NA						1
STREET ADDRESS			6.3 ST		ADDRESS				

14. 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 the corporation of the corp

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR