

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000065911 (8)**

1. Corporation Name

BOULEVARD HEALTH CENTER OF HALLANDALE, INC.



Principal Place of Business

**2100 EAST HALLANDALE BEACH BLVD.
STE. 406
HALLANDALE FL 33009**

Mailing Address

**2100 EAST HALLANDALE BEACH BLVD.
STE. 406
HALLANDALE FL 33009**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

29

Country

30

9. Name and Address of Current Registered Agent

**JONTIFF, SCOTT J
540 NORTHEAST 53RD STREET
MIAMI FL 33137**

3. Date Incorporated or Qualified

09/22/1993

3a. Date of Last Report

01/25/1995

4. FET Number

65-0436752

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

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 607.0402 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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0305, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **VD
DRIMMER, JACK MD**
STREET ADDRESS **2100 EAST HALL. BCH BLVD. STE. 406**
CITY-STATE-ZIP **HALLANDALE FL 33009**

TITLE ☐ DELETE

NAME **PD
MANULKIN, THEODORE MD**
STREET ADDRESS **2100 EAST HALL. BCH BLVD. STE. 406**
CITY-STATE-ZIP **HALLANDALE FL 33009**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
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CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theodore Manulkin MD

3/27/96

954
414-2437
Date of Filing

CR2E034 (12/95)