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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000065911 (8)

1. Corporation Name

BOULEVARD HEALTH CENTER OF HALLANDALE, INC.



Principal Place of Business

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/22/1993

4. FEI Number

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 owes or has paid the current year Intangible
Personal Property Tax due June 30

☒ Yes

☐ No

2. Principal Place of Business

21 3800 SOUTH OCEAN DR.

Suite, Apt. #, etc.

22 # 230

City & State

23 HOLLYWOOD, FL.

Zip

24 33019

Country

25 U.S.A.

2a. Mailing Address

26 3800 SOUTH OCEAN DR.

Suite, Apt. #, etc.

27 # 230

City & State

28 HOLLYWOOD, FL.

Zip

29 FL 33019

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

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

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

VD

NAME

DRIMMER, JACK MD

STREET ADDRESS

2100 EAST HALL. BCH BLVD. STE. 406

CITY-ST-ZIP

HALLANDALE FL 33009

TITLE

PD

NAME

MANULKIN, THEODORE MD

STREET ADDRESS

2100 EAST HALL. BCH BLVD. STE. 406

CITY-ST-ZIP

HALLANDALE FL 33009

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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