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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000065911 (8)

BOULEVARD HEALTH CENTER OF HALLANDALE, INC.

Principal Place of Business Mailing Address				L LOGINGOL HA IBIOD WILL BOILD GOIN ONI	i danna dikidi akuna kaine kindik uran kadu	
2100 EAST HALLANDALE BEACH BLVD. STE. 408 HALLANDALE FL 33009		2100 EAST HALLANDALE BEACH BLVD. STE. 406 HALLANDALE FL 33009		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
9 Principal P	Place of Business	2a, Mailing Address		09/22/1993 4. FE! Number		
21 380	O SOUTH OCEAN DR.	26 3800 SOUT	M OceAN	De. 65-0436752	Applied For Not Applicable	
Suite, Apt.	#, etc. 230	Suite, Apt. #, etc.	>	5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & Stat		City & State		6, Election Campaign Financing	\$5.00 May Be	
	LLYWOOD, FL.	28 40664	WOOD. F.	Trust Fund Contribution	Added to Fees	
Zip 33	Country 019 25 U.S.A	210 F.Z. 33019		This corporation owes or has paid Personal Property Tax due June 3		
	. Name and Address of Current		T	10. Name and Address of New Reg		
JONTIFF, SCOTT J 81 Name						
CAN MORTHER CORP OTDECT			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
MI	AMI FL 33137		83			
			63			
			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		BIST	E. Registered Agent signature requ		DATE	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	VD	DENNE	1,1 TITLE	11001101107017011010101101	☐ Change ☐ Addition	
NAME	DRIMMER, JACK MD	/ `	1.2 NAME			
STREET ADDRESS	2100 EAST HALL, BCH BLVD.	STE. 406	1.3 STREET ADDRESS		į	
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY - ST - ZIP			
TITLE	PD	∟] DELET e	2.1 TITLE		Change Addition	
NAME ATREET ANDRESS	MANULKIN, THEODORE MD 2100 EAST HALL. BCH BLVD.	OTE AND		~~~		
STREET ADDRESS CITY-ST-ZIP	HALLANDALE FL 33009	31E. 400	1 11			
TITLE	I S TONE IT TO THE T IS VOUD	DELETE	/ Home	A flit Tel	ID PEDIATRIC Addition	
NAME			-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		EQUIPMENT	
STREET ADDRESS			Medical	al Services - * Respir	ATORY CARE	
CITY-ST-ZIP			1110010		/ 4	
TITLE		L DELETE		Only	(he Addition	
NAME				Orany		
STREET ADDRESS				The hald	uces	
CITY-ST-ZIP TITLE		DELETE		Orce of	Addition	
NAME				Theosone M	ANUKIN	
STREET ADDRESS				1 MEDBOLL SIL	mD	
CITY-ST-ZIP						
TITLE		☐ DELET E		4 000 000 ===0	Addition	
NAME				1-800-330-7738		
STREET ADDRESS						

14. 1 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 recovery further enhanced 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 attachargor with any indicates.