

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000070657 (9)

1. Corporation Name

PBG MEDICAL MALL SNF, INC.



Principal Place of Business

PHILLIPS POINT, STE. 1000 EAST
777 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33402

Mailing Address

PHILLIPS POINT, STE. 1000 EAST
777 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33402

3. Date Incorporated or Qualified
09/25/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0537305

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUNT, THOMAS P
PHILLIPS POINT, STE. 1000 EAST
777 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33402

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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent at 11th if applicable

11th if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CO
ABRAHAM D. GOSMAN
513 N COUNTY RD.
W. PALM BCH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
MICHAEL GOSMAN
197 FIRST AVE
NEEDHAM MA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
ANDREW GOSMAN
197 FIRST AVE.
NEEDHAM MA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
FREDRICK R. LEATHERS
197 FIRST AVE.
NEEDHAM MA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VS
RICHARD S. MANN
197 FIRST AVE.
NEEDHAM MA

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

☐ Change ☒ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 115.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

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CR2E034 (12/95)