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FILED

May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33401-6161



3. Date Incorporated or Qualified

09/25/1994

3a. Date of Last Report

05/01/1996

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

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
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
P
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
V
KANTER, JOEL
197 FIRST AVENUE
NEEDHAM MA 02194

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
CLARY, JAMES M
197 FIRST AVENUE
NEEDHAM MA 02194

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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, unchanged, or on an attachment with an address.

CR2E034 (9/96)